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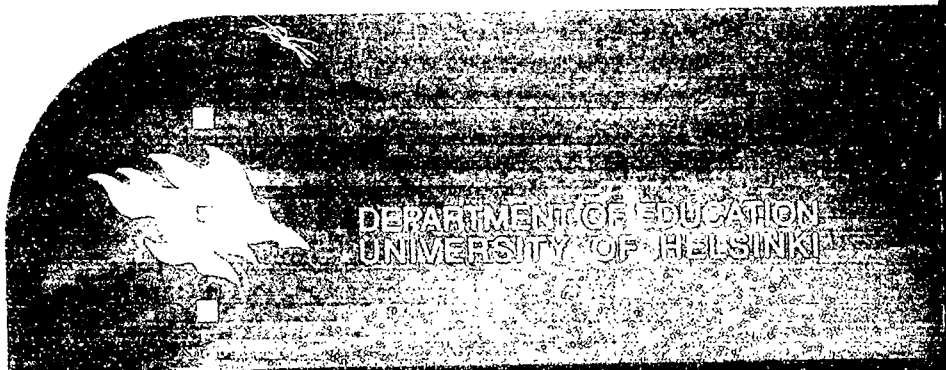
ABSTRACT

This study examined older adults' quality of interpersonal relationships and self-concept through semi-structured interviews with 39 70-year-old people in Malmo, Sweden. The gathered data is described on individual and group levels. Findings indicate that the elderly in this group have frequent contacts with their children and siblings. They maintain contacts with their relatives, friends and neighbors. The kinship network is active in terms of frequency of contact and has priority over other networks. Neighbors and friends are not utilized as social resources. The subjects' social network is also characterized by quality. The social network provides confidants, is available in times of need, gives and takes help, and even satisfies the emotional needs of its members. Quality develops through a life-long process of social interaction with others. It facilitates compensation for lost roles. Good relations established earlier in life become a reserve in old age. The absence of important persons and lack of quality in social networks do not automatically bring about changes in elderly individuals' views of themselves. There is a relative continuity between their experiences in the past and in the present. They consider themselves rather healthy. They feel appreciated by their friends and relatives. However, they regard their education as insufficient and feel themselves slightly unwanted now. A small group, mostly women, lack quality in social networks, have conflicts, feel dissatisfied, and desire reconciliations. There are some changes in their self-perceptions, but without trend. Six appendices present data. Contains 259 references. (Author/TS)



RESEARCH BULLETIN 89

Satya Mehndiratta Klason

SOCIAL NETWORK AND SELF CONCEPTION OF ELDERLY PEOPLE

Department of Education
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Abstract

The purpose of this study is to acuire knowledge of the aged people's quality of social relations and their self-conception. A group of 70-year old people in Malmö, Sweden, has been investigated using semi-structured interviews. The gathered data has been described on individual and group levels. The findings indicate that the elderly in this group have frequent contacts with their children and siblings. They maintain contacts with their relatives, friends and neighbours. It is the kinship network which is active in terms of frequency and has priority over other networks. Neighbours and friends are not utilized as social resources. Their social network is also characterized by quality. It provides confidants, is available in times of need, gives and takes help and even satisfies the emotional needs of its members. Quality develops through a life long process of social interaction with others. It facilitates compensation for lost roles. Good relations established earlier in life become a reserve in old age.

The absence of important persons and lack of quality in social network do not automatically bring about changes in the elderly's view of themselves. There is a relative continuity between their experiences in the past and in the present. They consider themselves rather healthy. They feel appreciated by their friends and relatives. However, they regard their education insufficient and feel themselves slightly unwanted now. Ageing is more or less an individual process and one ages in an individual way. A small group, mostly women, lack quality in social netwerks, have conflicts, feel dissatisfied and desire reconciliations. There are some changes in their self-perceptions, but without trend.
Keywords: attitude, elderly, gerontology, needs, networks, quality, quantity, self-conception, social relations.

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1 INTRODUCTION

The topic of this research is social network and its association to the older persons' experiences of the self. The importance of social relationships upon the well-being and adjustment of the elderly has been investigated by many researchers. The results of some studies indicate "little" or "no" relations while others show positive relations (Maddox, 1963; Riley & Foner, 1968; Rosow, 1967). This inconsistency is found in studies of informal activity, informal social networks and the well-being of older persons. A large body of research in social gerontology during the last three decades has focused more on objective factors and objective measures than on subjective ones such as quality in social relations. (For details see Watzke, 1986). The focus of these studies has aimed at quantity rather than quality in relationships (Conner, Powers & Bultena, 1979; Cumming & Henry, 1961; Rosow, 1965).

There is a general belief in society that structural factors have affected the social contact patterns with the result that there is a "splitting of relations" (Kugelberg, 1984)

Moreover, persons in an individual's network rarely have direct crosswise relations to each other. Further research shows that people living in big cities have their significant relations spread geographically and their contacts with their neighbours have relatively little place in their networks (Kugelberg, 1984).

The belief that we are more isolated than before has not been supported in quantitative form. Most of the individuals have regular

contacts with their relatives, friends and work mates. Only very few (1%) say that they lack social contacts (Sekretariatet för framtidsstudier, 1982).

Suggestions have been made that social integration should be viewed not only in objective terms such as the amount of interaction or role count, but also in terms of subjective or qualitative aspects such as intimacy or feelings of loneliness (Israel & Rounds, 1987; Lowenthal & Haven, 1968; Rosow, 1967; Townsend, 1968; Wellman & Hall, 1986).

It has recently been shown that the subjective quality in social relationships predicts adjustment better than quantity of social contacts (Liang et al., 1980; Ward, Sherman & LaGory, 1984).

The focus of this study is quality of social network which is a variable and should not be confused with qualitative study. During the last few years, there has been a change in direction of research from objective factors and measures to the older persons' feelings of satisfaction, well-being, quality of social network and social support. Change in research methodology combined with structural factors, such as an increase in the number of aged people over 80, lack of personnel resources in the health care sector and its consequences for people with very aged parents, have contributed to the need for research in the quality of social network of the elderly. Andersson and Johansson (1989) point out the need of social networks for the aged and that in these days of economic cuts and meagre personnel resources, there is a search for resources of care and informal networks which may relieve the load of caretaking authorities. Moreover, in a poor or small social network, few persons will be obliged to do heavy work. Since the persons' informal networks contribute positively to their health (Hanson, 1990; Piekinen, 1990) and perhaps, to their self-conception, it is important that we give facts about old age to our younger generations in order to promote better relations and positive attitudes between the generations. According to Andersson and Johansson (1989), such attitudes may be mutually beneficial to both generations. I propose that it is not just the presence or absence of informal networks which is positive/negative in itself, but rather the quality of the relations to persons within the informal networks which may shape the individuals' self-conception.

With my personal experiences of old age in an Indian cultural setup, the first thing that caught my attention upon my arrival in Sweden was the situation of the elderly; the way they lived and related to others, and the aging process in the Swedish society. After a while, I arranged a job at an old people's home. This contact with elderly people reminded me of Lindholm's crosscultural concept of "similarities" that lie on a deeper level and are actually concerned with "basic shared human needs" (Lindholm, 1975, p. 22).

This work actualized questions which created incongruency between my preconceptions of old age and my perception of the reality of life for old people in Sweden. I was forced to reformulate my perspective and needed another paradigm.

Creating a new paradigm was a long process consisting of a number of factors. The socio-psychological and developmental perspectives used in this study of old age are a result of the clash of perspectives between two cultures.

Fichtelius (1986) points out that we live in a society which creates a need of material consumption and only provides the possibilities for satisfaction of socio-psychological needs of active, healthy and young individuals. There is a risk that such a society creates feelings of alienation and also a chasm between various individuals on the basis of health, age and education. He further adds:

"The primitive man feels like a stranger in today's technical society. In modern society we have so many different functions and different backgrounds that we do not understand each other even if we are listening. We become strangers to each other. We do not have the strength to establish close relations to too many people at the same time. We use different tricks to keep others at a distance, those we meet but do not have the strength to get to know. We see to it that we remain strangers to most of the people we meet." (p. 5.)

Thus he concludes that education and experiences may counteract the effects of alienation.

Research reveals that most conceptions of old persons are stereotyped and that several myths and counter-myths are built around old age (Gatz, Pearson & Fuentes, 1983). These myths hinder contact between generations. Lack of communication between different age groups contributes to the formation of age stereotypes (Lofland, 1968).

In Sweden, research on attitudes of younger cohorts toward older cohorts indicate more negative than positive attitudes. However, children who have some contact with old people have a more positive attitude toward them than children who have no contact at all with the elderly generation.

In the near future, Swedish society has to face the task of taking care of an increasing number of old people which may require more care resources. Negative attitudes may affect the quality of the care. Care needs communication, empathy and understanding which characterize most informal networks. Such social networks provide care and support (Rinell-Hermansson, 1990, p. 64). In order to use this as a resource, it is very important that the attitudes between cohorts of different ages in society are positive. In order to build up the basis (positive attitudes) of social relations, it is our task to socialize the generations in inter-cohort support, which may pave the way to better communication. To achieve this task is a pedagogical and socio-psychological problem. The role of education should be to influence the attitudes of different generations towards each other (Thorson, 1979).

1.1Emergence of old people as individuals

Like many other societies, old age in Sweden has differed throughout its various phases of development. The old people in Sweden before industrialization had sources of help and care which were more informal than today. With the passage of time, the previous sources of help and care changed. As a result of this, all care and help to the aged, sick and needy became institutionalized. (For sources of help and care, see Furuvall-Mattson & Strömberg, 1984, pp. 22-24)

There is a popular belief in Sweden that portrays old age in old Sweden as a period characterized by security, care, and good status. That

the aged, according to this popular conception, were taken care of in an extended family has been refuted by historical research (Odn, 1991). The security and status which are supposed to have been attributed to aged people were most probably the privilege of only those who were economically secured. Moreover, the intergenerational solidarity that seems to have existed in the past was perhaps not without interpersonal conflicts, denial of personal needs, self-degradation and sacrifices. Moreover, the opinion that the social status of the aged gets lower in advanced societies is also based upon a misconception (Gaunt, 1991).

It is evident that the historical literature seems to focus on the sociological aspects of old age. The older people are talked about as group-beings in terms of social categories such as family, household and kinship structure. Literature on implication of old age for the individual is lacking. I may say that industrialization has forced pre-industrial group-being to be an individual, by being mobile, independent and adaptable to changed conditions in modern society. The question arises: how does a person emerging out of this collectiveness relate himself in his old age to the changed social relations in society and to changes in his life caused by retirement?

In these historical descriptions, one often does not find the use of the word "self" in modern terminology. The recent development of social psychology as a separate discipline indicates that the recognition of individuals as selves in relation to others is a recent phenomenon and it further indicates that the relation between the individual and society is mutual.

1.2PERSPECTIVE ON OLD AGE

The study of growing old is a twentieth century phenomenon. This may be studied either from the viewpoint of the aging person or from the viewpoint of the aging society. To understand this problem, it is imperative to see it from both perspectives, which can be studied within the context of developmental perspective (Gatz, Pearson & Fuentes, 1983).

Demographic changes such as reduced fertility, low mortality, better medical and economic conditions have resulted in longer life-spans for

people and it is now common for the elderly to have a few great-grandchildren and for youths to still have all grand- and great-grandparents alive. Changes have also resulted in few or no siblings for the younger generation, a fact that puts more responsibility on each child when it comes to caring for the elderly parents. (Hofsten, 1983, pp. 40-57). All these factors mentioned above affect age distribution as well as sources of help and care in the Swedish society (Hofsten, 1983).

The number of people have increased in older cohorts and typically the single women, who consume care and service, dominate these cohorts (Berg & Johansson, 1991). The aged 80 + in the population will continue to increase (OECD, 1988, p. 337). This increase in the higher age groups may require more formal and informal social- and care-networks than are presently utilized (Thorslund, 1991).

As the individual gets old, society also changes, and this may have repercussions on the old age of future generations as the aging society may lack younger generations to take care of persons in old cohorts. Some research indicates that old people, as compared to young people, are more vulnerable to certain losses and certain life crisis particularly in the later part of their life cycle (Rinell-Hermansson, 1990).

Persons reaching retirement discontinue their economic activity and thus their daily routine is greatly changed. Most of the elderly run the risk of losing their spouse which may affect their experiences of old age. The death of a spouse affects men and women differently. There is a greater impact of bereavement on men than women (Lindsay, 1983). They differ in their possibilities to handle their grief (Thoraeus-Olsson, 1991). On the other hand, research shows that there may be a few or no gender differences during the bereavement period (Feinson, 1986; Gallagher et al., 1983; Lund, Caserta & Dimond, 1986). It should be borne in mind that women live longer than men and it is more likely that they are going to lose their spouse, go through personal grief and live alone.

Old people, like other age-cohorts are also engaged in friendship networks which are very important for the elderly's well-being (Adams & Blieszner, 1989; Matthews, 1986; Peters & Kaiser, 1985).

Some research indicates that most of the friends of old people are also elderly. These friends may have physical disabilities and be immobile due to health problems, or they may be living in distant areas. Moreover, at this age, there is a risk of losing one's friends through death which may affect one's social network and activities. Old age is a stage in life when the person has "greater freedom" (Bengtson, 1973) and more time. The reactions of these changes may be individual depending on one's previous experiences and nature of present social network. The way the elderly react to changes and the quality in their social networks shall be investigated in this study.

2 THEORETICAL BACKGROUND

2.1 BASIC CONCEPTS

In this section I present some gerontological and socio-psychological concepts relevant to the readers' understanding of the development of the model used in this study.

Gerontology

Gerontology is the scientific study of aging and deals with the normal aging process (Svanborg, 1984; Ward, 1979). The study of pathological processes in aging is called geriatrics (Svanborg, 1984). The field of gerontology comprises three elements, i.e. biological, psychological and social. The biological element deals with the influence of aging on physiological processes. The psychology of aging addresses the psychological effects of aging on sensory and mental processes. The element dealing with the social aspects of aging is called social gerontology. These social aspects may be divided into social-psychological and sociological (Ward, 1979).

People age in a social context. It is the social context which determines and gives meaning to old people's experiences of old age. In studying the social aspects of old age, one has to take into consideration various other factors that may give us new knowledge about old age.

Cohort and cohort differences

Cohort is a very important concept in gerontology, which means according to Tornstam (1992):

> ..."*A group of individuals who in some respects are at the same stage in the phase of life. In gerontology, it is usually implied "year cohorts", i.e. individuals that were born the same year.*"... *(P. 35).*

These individuals age together. As time passes some of them die and finally the whole cohort is gone. Different cohorts meet different periods of history and they differ from each other with respect to their time-tables, both in work and in family areas (Elder, 1974, 1975). While doing research in gerontology, it is important to take into consideration three processes, "the individual life history or life course of the individual, individual as a member of the cohort and individual as a part of the historical development of a particular society or changes in the society." (Riley, Johnson & Foner, 1972, p. 9.)

Steen (1990) emphasizes cohort differences in short- and long-term planning of health and social services for the aged. In this study, the cohort under investigation consists of persons who were born in 1915.

Old age

Old age is a stage in the life course of an aging individual in every cohort. It begins at a particular period in the person's life and is socially constructed. However, the aged are not a homogenous group (S. Berg & Johansson, 1991). Gerontological research has shown that there is a great variation in aging process and that variability increases with increasing age (Rowe & Kahn, 1987). As a matter of fact, there are different categories among the aged.

According to research, the category "young-old" applies to people up to the age of 75 years, while "old-old" between 75 and 85, and those above 85 are considered "very old" (Rowe & Kahn, 1987). There may be demand for different resources for them.

According to literature and research, old age can be viewed from different angles. The first is the chronological age. It is a rough indicator of what an individual is like; but a person's date of birth does not really tell much about the psychological functioning of the individual and about the contents of his or her life (Kastenbaum, 1984; Svanborg, 1984; von Sydow, 1991). Another angle is the functional age, i.e. the performance capacity of a person. Gerontological and geriatrical population studies show that functional variation is very big among the aged in spite of similar chronological age (Steen, 1990). The functional capacity seems to be socially determined. If a person's abilities and skills are no longer useful to the social system of which he is a part, then his functional capacity is considered less useful. It is on this point that different cultures differ in their definition of old age.

There is a social age, which is related to a person's movement through the various stages of the social institutions. It involves successive role transitions from one period to another. The school girl with the passage of years becomes a young girl and a beloved, by marriage she becomes a spouse, has a child and becomes a mother, etc. These roles accumulate at certain periods during the life course and diminish as the person moves into the second half of his life which means that the person is aging socially.

Old age in modern societies is officially considered to start at the age of retirement. The retirement age is the time when a person qualifies for an old age pension, i.e. on a chronological basis. This is an objective definition of old age. However, from a functional point of view, people are not old when they retire from their jobs. They are old when they judge how they function at a particular age (Kastenbaum, 1984, p. 13). This is a subjective definition of old age. Thus, old age is not related to chronological age but to the subjective feeling of old age or "felt" age (Havighurst & Albrecht, 1953). In this study, people are selected on the basis of chronological age.

Social networks and the evolution of some of their definitions

Human beings are united through a complex network of social relations. The concept of network has its origin in social anthropology. It was Radcliffe-Brown (1977) who laid the theoretical base of the concept social network and network analysis (p. 19). He used the structural-functional perspective and emphasized that the individual has to be viewed in relation to the group he/she belongs to.

The anthropologist J. A. Barnes (1954) defined the concept "social network". In the social field, he could see that "every person is in contact with a number of other people, of whom a few have a direct contact with each other while the others don't" (p. 21). A social field of this type was called network according to Barnes. In his analysis, he noted differences between small primitive societies where the network was tighter and where links between persons usually were "multiplex" (had several types of contents) and big societies where the networks were less tight and the links between persons were "uniplex" (one type of contents).

The English anthropologist Bott (1957) used Barnes's definition of social network in her study of families and their networks in big cities. Her study indicated loose and close-knit networks. In a close-knit network, persons in the family or in the individual's network know and meet each other. This is not the case in the loose-knit network. Bott also made a distinction between formal and informal relations in networks. In formal relations, the persons in school, work, church and other institutions were counted. Informal relations were emotionally important relations such as with friends and neighbours (pp. 22-23).

With time, dissatisfaction with the structural-functional perspective grew and the need increased to find new ways to describe characteristics in relations between persons. There was a hope that network as a concept would be able to bridge the conceptual gap between micro and macro sociology and between structuralists and behaviourists (Katz, 1966).

The concept social network has further developed with time. The focus is now on different aspects of relations. The social network is a set of lasting relations between human beings (Bergström & Tengwald, 1985) and is important for the individual's physical and psychological well-being. Social networks are "extensions of a person's resources" in difficult situations (Hansson & Östergren, 1987). They consist of persons linked together through some sort of relation or attachment (Andersson, 1982; B. Anderson & Johansson, 1989; Mueller, 1980).

Holter et al. (1976) "conceive a network as consisting of persons who have relatively close or binding contacts" (p. 192). The nature of network is emotional rather than instrumental. Hanson (1990) points out that the nature of one's relations, expressive or instrumental, may vary from one network to another and within the same network.

According to Anderson and Johansson (1989), social network is a group of persons who are related to each other through special ties (p. 223). They differentiate between "horizontal" and "vertical" networks. The "horizontal" network includes all the informal relations a person has such as his/her relatives, friends, and neighbours. The "vertical" network includes the formal relations such as home help, social care, etc.

Schiefloe (1982) classifies networks on the basis of form rather than contents. They are; person centered network (a person's relations to others in his network), total network (relations in a family, school class) and contextual network (contacts in a geographical area).

Social networks can also be divided into primary and secondary networks. Primary relations originate in primary networks or groups. By primary groups, Cooley (1902) implies family, school and peer groups. According to him, it is the primary relationships which shape our "deeper self-images that go beyond the demands whatever the roles they are currently playing" (Cooley, cited in Popenoe, 1980, p. 253). Family is the most dominant primary group. In the family a lot of "silent knowledge" is transferred (i.e. language, basic values, norms, roles, daily life and life in general) (Angelöw & Jonsson, 1990, pp. 126). "Silent knowledge" includes that which is more or less uncritically accepted by the members of the

family. It follows the individuals through life and forms the basis for their social relations. According to Tamm (1987), the interaction between individuals in the primary group is often close and frequent.

Primary relationships need not exist only in primary groups. According to some sociologists, they may exist also in secondary groups. Secondary groups are specialized groups. Interaction between individuals in the secondary groups is sporadic and indirect (Angelöw & Jonsson, 1990, p. 126).

I consider that a social network has a wider meaning than a social contact or social relation. It is a set including all of a person's relations (interactions) both within, and outside his/her family. Moreover, I have chosen to describe the relations of a group of 70-year-olds from a person-centered perspective.

Quantity and quality in social relations

The term "social interaction" means a meeting between two or more persons in a particular network to affect each other's behaviour. According to Goffman (1959, p. 26), "interaction may be roughly defined as the reciprocal influence of individuals on one another's actions when they are in one another's immediate physical presence".

I will define social interaction as the mutual influence on the individuals, consciously or unconsciously, both through direct, personal contacts and indirect contacts such as letters and telephone conversations.

The term "social contact" means any kind of interaction between two people. It is broader than the term "social relations". "Social relations" imply interaction on a deeper level and there is involvement in relationships. In this study they mean the same thing.

Social contacts within a network may be characterized by their quantity ("structural dimension") or quality ("functional dimension"). (The structural and functional dimensions are described by Rinell-Hermansson, Rinell-Hermansson, 1990).

Quantity in social relations in this study denotes the amount and frequency of contact. It means the number of contacts or meetings a person has in a day, week, month with his children, siblings, distant relatives, friends and neighbours.

Nowadays, more importance and attention is being given to a network's quality (contents). Quality of relations is suggested to be a major source of satisfaction (Angelöw & Jonsson, 1990). The questions concerning the quality of the network are, if the contacts are balanced or unbalanced, unidimensional (relation rests on one basis, i.e. kinship) or multidimensional (rests on several things such as kinship, neighbourhood etc. at the same time).

Contents in social relations

Schutz (1966) points out the importance of social relations for our interpersonal needs. Kalish (1975) takes up four kinds of dependency needs in old age. These are economic, physical, mental and social dependency, which has different meanings (1975, p. 86). In interpersonal relations, it means a fixed pattern of giving by one person and taking by another. One always gives and the other always receives.

Dependency, here, is defined in relation to the condition of a person. A person becomes dependent on others due to some disability that makes the person ask for help. It means rather that the person can count on others for help.

Maslow's (1954) hierarchy of needs proceeds from lower to higher level needs. These higher-level needs are for belongingness, esteem needs and needs for self-actualization. Ward (1979, p. 60) points out that "modern societies may satisfy lower level needs but leave the aged deprived in other ways. A sufficient retirement income, for example, does not mean that one belongs, is accorded prestige and appreciation, or can continue to grow as a person."

I would agree with Ward that the elderly persons' needs of being useful and important are not satisfied. Needs of persons may vary in

different phases of old age. A 70-year-old person who helps others may himself in the future require help and care.

Thoraeus-Olsson (1991) found three care needs among the elderly over 80 years of age; the needs for practical, emotional and existential care.

Other researchers (Orth-Gomr & Undn, 1987; Rinell-Hermansson, 1990; Thoits, 1982) emphasize the need for social support which works as a buffer against feelings of stress. In the last phase of one's life there is a need to look back at one's life and make sense of it in a wider context. This is similar to Erikson's concept: Integrity as a feeling of total context and fullness (Rinell-Hermansson, 1990, p. 82).

A person may have different contents in his social interaction with others. One may give practical help, while another may provide the emotional. I categorize the needs in this study as physical (health problems), psychological, economical, interpersonal, instrumental (practical), and existential (purpose of life, death) needs.

Which are the sources of needs satisfaction of the elderly? The most important person for an elderly person in his family network is the spouse. It is the marriage relationship that meets the interpersonal needs of the elderly person, and it is through one's spouse that one's needs for affection, companionship and interaction are fulfilled.

The loss of one's spouse has a "clear potential for severe disruption of self-identity" (Ward, 1979, p. 284) and is described as "frustration of central needs". Widowhood breaks up other social contacts and affects one's relations with other couples one meets (Blau, 1961, 1973; Lopata, 1973).

Since research points out that most elderly women are single, the question arises: are the substitutes for their lost spouse their own children or distant relatives or both?

In regards to children, Rosenmayr and Köckeis (1963) indicate that elderly persons prefer "intimacy at a distance". They want to live near

their children but not with them. How does this proximity and the separate households affect their relations with children?

Research findings suggest that interaction between old people and their children involves mutual assistance and that family relations still provide for social and emotional needs (Seelback & Hansen, 1980).

For the most part, old people have friends and neighbours who help during sickness, in daily activities and in emergencies. This help is given to those who are alone or have no relatives (Riley & Foner, 1968, p. 7).

Litwak and Szelenyi (1969, p. 7), point out that "neighbours can be of immediate assistance because of their proximity. Friends provide a reference group and consensus-based sociability. People who have more friends or spend more time with their friends are happier than those without friends (Allardt, 1978). Friendship relations are satisfactory if they are characterized by "balanced reciprocity" (Roberto, 1989). Unbalanced relations can cause feelings of loneliness in the person, who receives help (Rook, 1987, 1989). A friendship network is more important than a family one (Argyle, 1989).

There is research that indicates that in case of conflict in "commitments", relatives have the advantage over friends. This point contradicts other findings. In the case of health problems, relatives are approached and informed first and friends serve the function of "relief providers" to the relatives who take care of the elderly persons (Hochschild, 1973). Friends were not mentioned in the exchange of services (Lopata, 1979).

Quality in social relations

This review of studies gives us some information about different sources (parts in the network) through which the aged persons' needs of affection, companionship, intimacy, reciprocity, and aid are fulfilled. These studies do not reveal "emotional closeness or warmth". Help during a crisis is not the same as "stable continual interaction, and involvement may be largely ritualistic with holiday family gatherings" (Rosow, 1965 cited in Ward, 1979, p. 301). My study will take up the concept of quality

in in relations which is missing in previous studies. Quality in social relations is defined through the elderly's different needs.

The questionnaires in this study deal with the questions: What relations do they have as alternatives to their losses? What is the identity of these relations? What is their proximity, both geographical and emotional? What type of needs do they cater to?

The dimensions in quality

In this study, quality of social relations is described as consisting of the following major dimensions:

- Openness
- Availability
- Mutuality
- Continuity
- Closeness
- Belongingness

Each dimension has five elements. The first three elements relate to a person's identity and proximity. The remaining two elements take up the contents of that particular dimension and its evaluation.

- Relevant questions are:
- What is the size of the network?
- Who constitute this network?
- Is the network constituted by members of the family or/and non-members?
- How does the aged person relate to others in the network?
- Which part of the network is of primary significance?
- Who provides sources for the satisfaction of the individual's different needs?

Sources of dimensions of quality in relationships

The question arises; from where does my conception of these dimensions originate? The primary source is personal. By personal, I don't mean that they are limited to one's personal needs. As social and reflective human beings, we experience and recognize each other's needs. These needs, though experienced personally, are social in nature. The other sources are those theories and studies, which are described in this chapter (Alvesson, 1989; Heiss, 1981; Homans, 1961; Weiss, 1973). The formation of these dimensions has taken into consideration the practical aspects of relations and also the circumstances which are just typical of this age group. These dimensions, though universal to a large extent, may vary in their importance for different ages since the nature of needs may not be the same at different periods in one's life.

Openness

The first dimension is openness in communication, which may mean here just to talk about oneself, to inform, to listen and to relate to others on both verbal and non-verbal levels.

A relationship is open if the persons involved state openly their motivations and intentions (Heiss, 1981, p. 43), their feelings, roles, needs and identities. Heiss further points out that the information gathered in private situations is more accurate and contains more confidences than that which is gathered in public situations. This private/public dichotomy is similar to Goffman's discussion of "back stage" and "front stage". Behaviour of people in "back stage" region is natural and spontaneous as compared to controlled behaviour in "front stage" (Alvesson, 1989; Goffman, 1959, pp. 106-112).

Controlled expressions may be necessary in formal situations but it is their absence in certain situations that may define those situations as open. It is the uncontrolled spontaneous expressions in social situations that are the theme of the dimension of openness here.

> *Openness is not characteristic of a close relationship. Between close persons, there may be less openness, due to the reason, "... many things are not said because it is believed that they do not have to be said.*

...the ability to take the role of the other is so great that to verbalize certain things would be superfluous" (Heiss, 1981, p. 45).

The same author continues; as close relations mean "frequency" and "long duration", moving from one stage of closeness to another stage seems to increase accuracy (p. 45).

From Heiss's discussion, I understand that openness may or may not exist in relationships defined as close. Here, I disagree with Heiss.

I consider that verbalization is an important characteristic of openness in relations. In my study, a close relation has its own identity and the same is the case with an open relation. Openness and closeness are two different dimensions of social relations.

There are, of course, certain requirements in open relations. They are "liking", verbalization, interaction, consensus and listening. More liking leads to frequency in interaction (Homans, 1950). The more frequently persons interact, the more they verbalize and tend to agree with each other (Bryne, 1969, 1971). Consensus and verbalization are important in open relations.

Openness means here verbalization of all needs, both satisfied and unsatisfied, of feelings, both positive and negative, and of expectations of all sorts. Literally, one may talk about anything and everything, both major and minor. Verbalization does not mean simply talking out. It also includes listening to the partner in an interactional situation. According to Hayakawa (1963):

"Listening means trying to see the problem the way the speaker sees it _ which means not sympathy, which is feeling for him, but empathy, which is experiencing with him. Listening requires entering actively and imaginatively into the other fellow's situation and trying to understand a frame of reference different from your own." (Pp. 32-33.)

He further says:

"...while the result of communications successfully imparted is self-satisfaction, the result of communications successfully received is self-insight" (p. 35.)

Availability

Availability means to be able to reach or to be reached for mutual information about those whom one is in contact with. It implies the presence of a person physically or/and psychologically and also the possibility to reach him/her. It also includes the actual use of the possibilities available in case of needs.

This dimension has three components:

- The existence of a relationship
- The availability of information about the location of the other and his/her activities at different times of the week and the year such as during weekends, summers, vacations and during leisure time.
- The actual use of this information in case one needs him/her.

This availability, both physical and psychological, and the knowledge of the location of the persons shorten the distance between persons and makes one participate vicariously in the other's life which may give a sense of security. There is both concern and responsibility in this type of relationship (concern: May, 1969; concern and responsibility: Fromm, 1963).

Mutuality

Mutuality or reciprocity means to reciprocate, to exchange gifts, and to give back in one way or another what one has received. Homans (1961) defines social relationships in terms of economic transactions and exchange of gifts. These gifts need not be only material. They may be psychological or interpersonal. Reciprocity in the form of exchange of gifts was a part of the economic system in primitive societies (Argyle, 1972, p. 119).

In this study, I disregard this type of reciprocity as it is less relevant in societies which provide enough economic security to all ages in all groups. What interests me is "altruistic" reciprocity. According to this reciprocity, people like each other, and family members provide help in different ways and exchange gifts without any expectation of reciprocating. This form of reciprocity is not the result of economic conditions. It arises out of the characteristics of persons who exchange gifts.

In personal relationships, it may be difficult to think in terms of mutual exchange. Blau (1964, p. 36) expresses the above viewpoint as thus:

- "contributions to the welfare of a loved one are not intended to elicit specific returns in the form of proper extrinsic benefits for each favour done. Instead, they serve as expressive symbols of the individual's firm commitment to the relationship and as inducements for the other to make corresponding commitment and continue the association."

Sahlin (1965) distinguishes between three types of mutuality:

- 1. Negative mutuality.
- 2. Balanced mutuality (between friends).
- 3. Delayed mutuality (in blood relations, etc.).

Delayed mutuality may be a norm among aged people.

On the basis of the discussion above, I may define mutuality as consisting of a few characteristics. These are:

- Attitude to the person that is given help (Argyle, 1989).
- Mutual liking.
- Proximity.
- Mutual implicit or explicit agreement about expectations of favours and services.
- Provision of services.

Mutuality does not mean equal exchange. One person may help more than the other due to the fact that he or she might enjoy better health. In this way he or she may receive in exchange a psychological proximity and positive self-evaluation.

"Reciprocity in terms of returning gifts or favours once received may work in relationships which are not of kin. In blood relations, on the other hand, one may extend services, gifts, and feelings without any expectations of returns for what one has done or given. Kinship relations don't finish if there is no reciprocation of services or help." (Teeland, 1978, p. 72.)

In regards to persons not of one's kin, I would assume that services and help given or received are based on mutual liking. These services may or may not be mutual. Mutual help is rather a result of reciprocation of positive sentiments between the partners.

Shanas et al. (1968) have studied mutual help or even one-sided help as an indicator of social bond. The term mutual help is here used in the same way as they use it. It may be mutual or one-sided. This mutual aspect of help does not depend on expectations of returns of favours but rather as a recognition of extended services which may be sufficient for the helping partners.

As the partners in this study have reached an age when it is likely that they need more help than other age groups, I may consider even one-sided help as one of the elements in the dimension of mutuality.

I may define mutuality in terms of personal mutual liking and exchange of services according to the needs and capabilities of each person in the relationship. It may also contain the experience aspect of the relationship. If both partners experience this arrangement as satisfactory, regardless of how much or how little one or the other person gives or receives, the relationship will be considered mutual.

Continuity

Continuity means that an activity and/or a relationship that started in the past still exists in the present. Time is an indicator of continuity. It belongs to the past as well as present. Continuity may be similar to durability. Durability may characterize continuous relationships. It is dif-

ferent from short-lived relations or instrumental networks (Mitchell, 1969, p. 24).

Apart from the time factor, sharing memories of persons, places and events may be an important element of this dimension. The time factor and common memories are likely to give strength to a relationship that has extended over a large span of time. Such relationship may be compared to a strong thread which takes more effort and more psychic energy to break than a thin thread. Continuity here means that the person has his/her old friends or kin and meets them. This type of continuity in personal relationships seems to be very important to older persons.

Closeness

The self-concept of older persons seems to depend on certain dimensions in the quality of relationships. Closeness is one of these six dimensions. The closeness in relationships of older persons has been investigated by Lowenthal and Haven (1968). An indicator of "closeness" has been the responses to two questions regarding the existence of a confidant and description of his/her identity. The term closeness, as they use it, is similar to openness as one of the dimensions in my study. Moreover, the authors mentioned above ignore both the contents of close relations as well as their form. By closeness, I don't mean a confidant. I mean emotional ties and attachments which characterize one's near kinship network. One does not have to open one's heart to close persons.

Weiss (1973) studied "affectional bonding" and the experiences of persons who are emotionally and socially isolated due to the loss of close objects. He points out; "at each phase of our lives we tend to make strong bonds to a few other special and particular individuals, that so long as these bonds remain intact we feel secure in our world, or that when bonds are broken, either by involuntary separation or by death, we become anxious and depressed" (p. 39).

The characteristics of "affectionate bonding" are the proximity of the partners, a feeling of security, involvement, confidence, search in case of loss and experience of sorrow and anxiety in case of death or divorce. This study has helped in the formation of dimension of closeness.

Spitz and Wolf (1946) point out the "instinctual need of love". The need of love or affection is built into the dimension of closeness. Hall (1966) discusses different physical distances in different types of interpersonal relations. The "distance chosen" shows the "nature of the contents of interaction, what the people are doing and the degree of distance between them" (Lauer & Handel, 1977, p. 113).

According to Erikson (1985), closeness contra isolation is one of the tasks of the psycho-social development of an individual. Arth (1962), in his study on close friendships of older persons, does not define closeness.

Teeland (1978), in his study of social relations of older persons and their adult children, mentions closeness in relationships from a family sociologist's perspective. In my study, closeness is a social-psychological dimension of relationships, not necessarily between aged people and their adult children or their kin. Closeness may characterize any relationship with any person or persons with whom the older person has contact. Moreover, it is not limited to a particular age or gender. Closeness in this study will deal primarily with the availability of a close person, the way in which the person is close and the concrete situations or activities through which these close feelings express themselves. In closeness, there is the combination of feelings, expectations and gratification of needs. It has both psychic and physical components.

I define a close relationship as one which is experienced as close because of certain functions it implements and certain psychic rewards it holds in the form of positive or negative experiences for both partners.

Belongingness

Belongingness means to feel at home in a place or to feel comfortable with a particular person or persons. This place/person may give freedom to act or just to be as the person wishes. There are no pressures. The person feels a certain harmony.

The six dimensions of quality have been discussed above. These dimensions are to be used in interactional situations. Each dimension has

five elements which are examined through five questions. Let me show this by taking openness as an example:

- 1. Do You have someone to whom you can talk openly with? (Possibility _ Anyone?)
- 2. Who is this person? (Identity _ Who?)
- 3. Where does this person live? (Proximity _ Where?)
- 4. What does openness mean to You? (Forms of expression _ Which forms?)
- 5. Is openness important to You? (Evaluation _ Effect?)

This is illustrated in figure 2.1.

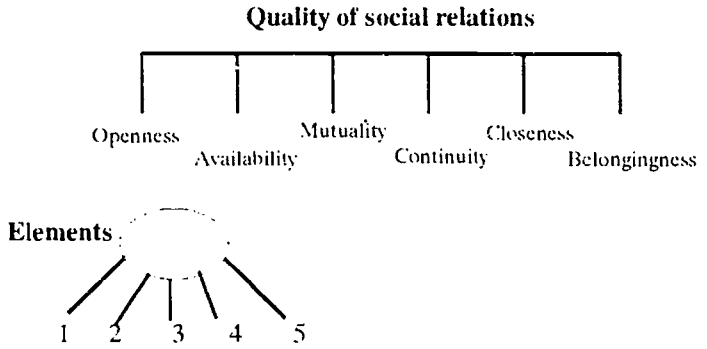

Figure 2.1The dimensions and elements of quality in social relations.

Self-conception

Since times immemorial, some notion of an entity guiding the existence of human beings has been prevalent in all cultures. In some cultures, particularly primitive, it has been a "superordinate power" which is personified through various rituals and has deep roots in the inhabitants'

collective consciousness. Often, this entity is called soul, i.e. a word used for our "inner experiences" and "inner world" (Fine, 1986).

In the 20th century, this idea of soul, as the place of "personal identity" or "self", disappeared, which led to an increased interest in questions dealing with self-image and identity. The reason for this is attributed to the loss of interest in the "spiritual world" and an increased interest in the "material world" (Fine, 1986). Moreover, in disciplines such as psychology, there was a dissatisfaction with the behavioural model of clinical psychology which seemed to be inadequate in giving complete understanding of human behaviour.

Since the topic of this manuscript is the quality in social networks and self-conception of aged people, I will take up here briefly the self in both psychoanalytical and social-psychological theories. Later on my own conception of self as it will be used in this study shall be presented.

In psychoanalytical theory from Freud to Kohut (Fine, 1986), there was a split between those who wished to explain the self in terms of a "tripartite system" (i.e., id, ego, and super-ego) and emphasized "innate biological motives" and those (the culturalists) who did not, even though the latter were part of the psychoanalytical school in other respects.

From American philosophy came James's concept of the social-self (James, 1890). He emphasized the interpersonal factors in its development. Cooley (1902) formulated this with his "looking-glass self", and Mead (1934) with his "generalized other". Fine (1986) calls the self as discussed by those following the American and Culturalist schools as "the social-self" (p. 114).

Because of theoretical splits, the literature in the field generally deals with either the self as an individual phenomenon, as in much of the psychoanalytical theory, or as a group phenomenon as in sociological theory. Moreover, the use of the term "self" varies. Some use the terms "self", "ego" and "identity" synonymously as if they refer to the same phenomenon, while others use them to refer to different phenomena. According to Hall and Lindzey (1957), different theorists define the term self-concept in two ways:

- 1. Self as a process.
- 2. Self as an object of the person's own knowledge and evaluation (p. 6).

The first definition of the self as a process corresponds to Freud's definition of ego. Neofreudian theorists such as Adler (1930), Fromm (1965), Horney (1937), Jung (1925) and Sullivan (1953) make no distinction between "ego as an object" and "ego as a process". The social factors dominate in their formation of the term self. Common to all theorists of this school is the importance of social factors for understanding the behaviour patterns of the individuals.

The second definition of self as an object is used by self-theorists (Mead, 1934; Rogers & Dymond, 1954; Rosenberg, 1979; Snygg & Combs, 1949) but also later on by other psychoanalytical theorists such as Hartmann (1964) and Erikson (1959).

Self-theories exclude the possibility to understand and predict human behaviour without having access to the individual's conscious experiences of self and the world around him. Normally, the people behind them are called interactionists (symbolic interactionists). Both Cooley and Mead emphasize self "as a central process in human behaviour and interaction".

The discussion above shows that development of the concept self seems to be a discussion of inclusion/exclusion of "others" (social factors) in it. These "others" may be objects, events and persons in form of "significant others" or "generalized others" (Mead, 1934). They may be "concrete others" or/and "abstract others" (Eriksson, 1987). Then, question arises: What is self?

Lauer and Handel (1977) makes a distinction between self and self-concept. Self is a process but self-concept is an aspect of the self. Self-concepts are relatively stable.

Rosenberg (1979) uses the self as object, not as subject, the self-concept, not the self. He defines the self as "the totality of the individual's thoughts and feelings having reference to himself as an object" (p. 51). It

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Rosenberg (1979) uses the self as object, not as subject, the self-concept, not the self. He defines the self as "the totality of the individual's thoughts and feelings having reference to himself as an object" (p. 51). It is a cognitive structure. He mentions three major aspects of the self-concept. They are the extant self (what we are like), desired self (what we wish to be like), and presenting self (what we present to others). The desired self-concept is the reference point against which the extant self is viewed and judged (p. 38).

Erikson (1959) introduces the term identity which means a subjective and conscious experience of one's self. Identity provides a "sense of continuity and sameness throughout the individual life cycle" (p. 77).

There are two kinds of self:

Some indicate that self is "transitory", situational and is easily changeable. There is no "core or unified self" (Collins, 1975).

There is another orientation which emphasizes "core self" which is stable and "transsituational" (Kuhn & McPartland, 1954).

I consider that self-concept is an individual's earlier as well as present experiences and opinions about different aspects of the self (present and past) such as health, appearance, age-identification, social relations, personal resources, activities, feeling of loneliness, purpose of life, attitude to death, personal evaluation, etc. The questionnaire in this study is built on the ideas discussed above.

There have been criticism against the psychoanalytical theories for overemphasizing the inner aspects of the personality and the interactionist theories for overemphasizing the social factors which has led to attempts to integrate both the perspectives (Fine, 1986; Skogsberg, 1985; Turner, 1988). To move

2.2 Relevant socio-gerontological theories

After this presentation, I present the theoretical frame of reference of this study and a more detailed description of the theories. Most of the research in social gerontology during the last few decades has been carried

out within a theoretical perspective encompassing activity and disengagement theories. Tornstam (1991, 1992) questions the prevailing theoretical paradigm which is limited and reflects the current values of productivity, youth and independence. He suggests (1992) an alternative paradigm and presents a theory of "gerotranscendence" which seems to be based on Eastern philosophy and thought.

I see no reason, however, to increase the complexity of the paradigm if the investigated phenomena can be satisfactorily explained with the original paradigm.

The problem of old age may be studied on different levels; personal (biological and psychological characteristics), interpersonal (relation between individuals and between them and their environment), and structural (the social and economic relations in the society). The focus of the study is primarily on the interpersonal level. However, because the levels are interdependent, I shall take into consideration all of them in order to enhance understanding of the aged as persons and also as members of a particular cohort.

This study is based on a social psychological frame of reference, focusing on processes within and interaction between individuals and their effect on the development of the self. Social psychology touches both sociology and psychology. The study's frame of reference is built with different sociological and psychological theories, representing different perspectives, which study different aspects of the aged's social interaction and personal experiences. If used separately, these may give us only a limited knowledge, not sufficient to understand the whole complexity of human life.

On the following pages, I will present in detail a few theories representing a role perspective in social psychology such as structural role theory, symbolic interaction theory, activity theory and disengagement theory. Their focus is on present roles and situations. I shall also present a few psychological theories such as E. H. Erikson's ego developmental theory and Maslow's need theory, representing a developmental perspective within social psychology. Their focus is on human development, personal experiences, and human needs.

Role theoretical perspective

The structural role theory

The role theory (Biddle & Thomas, 1966) has a structural approach to the study of role, which emphasizes social structure and social order rather than process. The focus of analysis is on the group. The social roles are a part of social life and affect the behaviour of individuals. The term "social role" can be seen as socio-psychological because it refers to the relation of the individual to his social context. It (social role) corresponds to the various expectations and demands related to those who have certain positions in the social system or organization (Berg, 1975, p.101). According to the structuralists, life is considered a stage. The actor's performance on the stage is regulated socially. Social determinants are primary. The structuralists (i.e. role theorists) consider the existence of roles as fixed. This theory is useful while analyzing relations on the macro-level. Moreover, it may help us in understanding the social relations of old people in terms of expectations, directed by different generations toward each other.

Old people were brought up during a period of time when the sources available to satisfy one's needs were different than they are now (Furuvall-Mattson & Strömberg, 1984, p. 4). What have they learnt to expect in their early life? What do these aged people expect from themselves, their own children and relatives?

This theory may help us to explain a part of the social behaviour and expectations of older people in the study.

Symbolic interaction theory

Symbolic interactionism is a perspective in social psychology, which studies human behaviour from a sociological viewpoint. It focuses on social interaction between individuals and its effect on the persons involved in it. The theory is particularly associated with the names of Charles H. Cooley and George H. Mead. Mead (1934) like Cooley em-

phasizes the social character of the self. The self is not an entity which is located in our head or in our body. It is not there at birth. The self is something which develops in the process of social activity and social experiences. Self perception is built through what is reflected back from others in social situations.

The individual builds a picture of his self through his interaction with "significant others". Mead uses the term "role-taking" instead of role. Consciousness and self perception develop through our ability to take the role of others into our conduct, i.e. by being an object to ourselves. Role-taking means "taking account of each other" before one acts. In order to become an object, we need communication in the sense of "significant symbols", or language, which is important in the development of self. An individual's self is constituted by the organization of attitudes of significant others as well as the organized social attitudes of the "generalized others" or the social group as a whole to which he/she belongs.

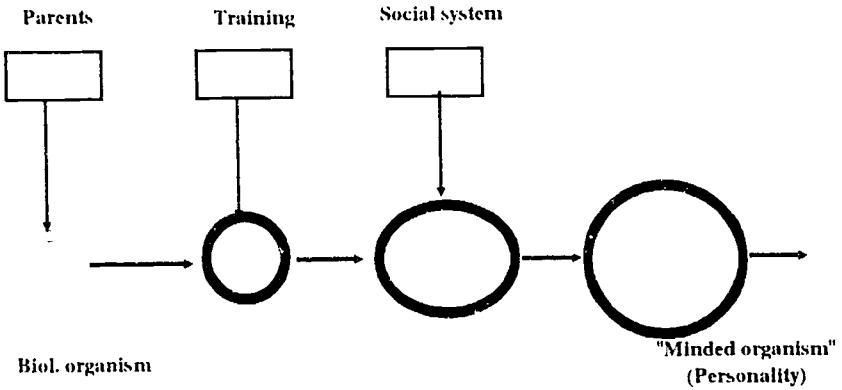

Figure 2.2:Development of self: From biological organism to minded organism according to Mead. Self = Process of behaviour. (Mehndiratta-Klason, 1987, p. 24.)

The self is constructed upon the structure called "the organized attitudes". These are the framework of self. Mead distinguishes between consciousness and self-consciousness. Consciousness ("I") implies thinking or reflective intelligence. It denotes a certain way of acting by the individual, but self-consciousness ("Me") refers to the ability to call out in ourselves a set of definite responses which belong to others in the group.

These are two aspects of conduct which are continuously interacting with each other. The "I" is an impulsive subject phase of the self (unique and unpredictable) in which people respond as "acting subjects" to "specific other" and "generalized other". The "Me" is the object phase of the process (socially determined) in which people respond to themselves as objects in their relation to both specified and generalized other.

In order to act toward an object, we need awareness of "the initial impulsive response to the object". When an individual becomes aware of his "response to a disturbance of equilibrium", the "Me" aspect of the self comes into the forefront. For example, the teacher is angry with the pupil over his/her rudeness. She asks him/her to leave the class. The pupil was about to argue and shout at her but he/she controls him/herself. This controlling is "Me". He/she has become an object to him/herself and has evaluated the consequences of his/her impulsive behaviour by taking the role of the teacher and thus becomes "Me". These two phases of self are visualized in figure 2.3.

There is a continuous dialogue between the "I" and "me" aspects of the self and the individual's response (in the capacity of "I") to particular objects and persons, which recedes into the past and becomes the "Me". The response becomes an "object of reflection".

The aged people's actions ("I") in the present situation (old age) are a result of the previous social experiences ("Me") which they have within themselves. The individual's "Me" is his/her book of history. The book has no meaning if I do not read it. Without "I", the individual's past is dead and without "Me", the individual has no history. (Berg, 1975, p. 65).

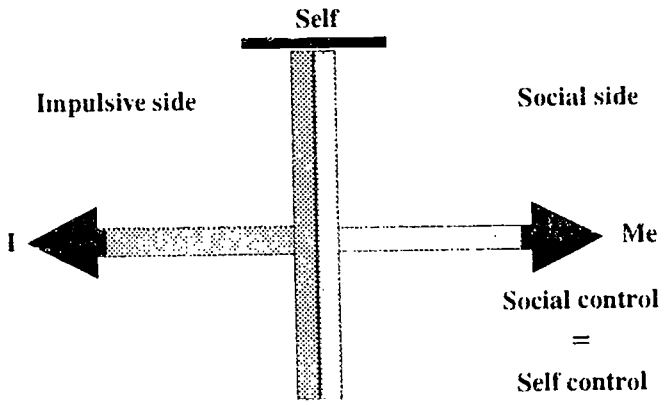

Figure 2.3:Self's two components: "I" and "Me". From Mehndiratta-Klason, 1987.

The activity approach and the disengagement theories

Two theories within social psychology, the "activity" approach of Burgess (1960) and the "disengagement" theory of Cumming and Henry (1961), have guided a large body of socio-gerontological research in its earlier stages.

According to the activity approach, it is important for a successful aging process that the individual maintains a high level of meaningful activity when passing from middle to old age. In order to experience personal satisfaction, it is important to continue one's previous activity level and in case of loss of roles, to substitute them (Havighurst, Neugarten & Tobin, 1968b; Neugarten, Havighurst & Tobin, 1968). The hypotheses behind the activity approach were tested twice (Lemon, Bengtson & Peterson, 1972; Longino & Skart, 1982) and the results gave little support for them.

Havighurst (1968a) reports that a decline in activity with age, even if it is regretted, does not result in more than little decline in life satisfaction. Old people adapt to the situation.

The critics of this approach state that it denies the "differences" between "middle age" and "old age" (retirement from paid work). According to these critics, there are "qualitative changes" which take place in old age in connection with the loss of a partner, decline in health and retirement from paid work. As all old people are not alike, they may find different ways to adjust to these changes.

In contrast to activity approach, there is the disengagement approach (Cumming & Henry, 1961). It postulates that disengagement is a mutual, inevitable and universal process. The aging individual gradually leaves his social ties and becomes introverted (Neugarten, 1969; Riley & Foner, 1968). This disengagement process is mutual, "functional" for society and satisfactory for the elderly. It frees them from social norms and expectations.

Vatuk (1980) has examined this disengagement thesis in the changing cultural set-up of the Indian village of Rayapur. Her findings showed that old females did not disengage but changed their area of activities. (For details, see Mehndiratta-Klaasen, 1987). Thus, the disengagement thesis is not supported.

Hochschild (1975) points out that disengagement is not a "unitary process". There are several types of disengagement, social, psychological and voluntary or involuntary. Disengagement in one aspect may not necessarily mean disengagement in another aspect. He further states that this theory ignores the individual meaning of aging and disengagement for the aged people who may leave certain areas and involve themselves in others. She points out that the theory's unfalsifiability is her greatest problem.

Studies indicate that there are individual differences between levels of social interaction and psychological well-being. There are several ways to age, depending on one's own pattern of life (Neugarten, Havighurst & Tobin, 1968; Reichard, Livson & Peterson, 1962; Williams & Wirths, 1965).

It seems, however, that the "activity" and the "disengagement" approaches complement each other. The activity approach is the possibility

of the individual to maintain a physical and psychological strength and to fight off the effects described by the disengagement approach, which are the society's and nature's way of putting a "merciful" end to the life cycle. At some point the disengagement approach starts to dominate, which is exactly the evolution reported by Maddox (1970) and Havighurst (1968a).

Psychological perspective

Theory of human development

Erikson's (1985) theory has an expanded time perspective. The need of a theory which covers an expanded time perspective is expressed by Butler (1968), who says that "...the theory we need must be oriented in a way that it covers the whole life cycle ...and the complex interaction between individual life cycles and socio-economical, cultural and historical circumstances." (p. 233).

Freud (1954) viewed adulthood and old age as stages when the influences of earlier childhood play their role. However, Freud never developed these ideas into a complete theory.

Erikson (1985) has expanded Freud's ideas and created a developmental theory, which covers the whole life course from birth to death and emphasizes the individual aging experience within the context of life history. His theory has a developmental perspective on aging and belongs to the psychoanalytic tradition. The unit of analysis is individual. Erikson, in the beginning of his theory of different stages in human development, has partly a biological approach.

Erikson's basic idea is that the individual develops through a series of stages, "the individual's eight stages". The different stages are "infancy", "early childhood", "play age", "school age", "adolescence", "young adulthood", "adulthood" and "old age".

At each stage, there is a fundamental psycho-social crisis, the resolution of which is crucial for development in the following stages. The psycho-social crisis at "infancy" is basic trust versus mistrust, at "early childhood" autonomy versus shame and doubt, at "play age" initiative

versus guilt, at "school age" industry versus inferiority, at "adolescence" identity versus role confusion, at "young adulthood" intimacy versus isolation, at "adulthood" generativity versus stagnation and at "old age" ego integrity versus despair (Erikson, 1985).

These stages are distinctly separated from each other and each has to be passed in successive order and no stage can be omitted. Moreover, these stages are dynamic and one carries the ego qualities which result from the resolution of these developmental stages in one form or another throughout life.

At every stage a new component is added to the ego, depending on the way the individual resolves the conflict between the positive and negative components. For instance, at "infancy" the child becomes trustful if the accumulated experiences of trust outweighs the accumulated experiences of mistrust. This pattern then repeats itself for every stage up to "old age" at the same time widening the scope of the previous additions to the ego.

In the final stage of "old age", the resolution of the integrity versus despair crisis depends on the way the individual looks back at his life, achievements and possible misfortunes. If he is satisfied or at least accepts the facts, then he can obtain what Erikson knows no better word for than "ego-integrity". If not, "ego-despair" may prevail with a possible fear of death. The hope is that "ego-integrity" can dominate the overall picture. (Erikson, 1963). A person who has resolved all the tasks of eight stages successfully obtains wisdom regarding the basic human issues common to all cultures.

Each person adapts to the changes of old age according to one's personal needs and one's learned pattern and life-style. The past experiences help in the present situations.

Theory of human needs

Maslow's (1954) theoretical base is humanistic psychology, the so-called "third force" in psychology. The other forces are the psychoanalysis and the behaviour psychology (Jerlang et al., 1987, p. 145). It has its roots

within the humanistic tradition. It lays focus on the development of human needs. The unit of analysis is individual. Its basic standpoint is that human beings strive for goals which are motivated by their needs, thus needs are the basis for the development of personality.

The needs are ordered in a hierarchy. This hierarchy of needs is described in the form of a pyramid. At the lowest level are the physiological needs to maintain the organic life. At the next level are the sociological needs, the need to have contact with people and win acceptance to have a certain social status, etc. The third level contains the need to get answers to questions such as "who am I", "what can I perform", "how do I perform with other people". At the zenith are the needs for self-realization, the need to express oneself, the need to satisfy curiosity, the need to experience beautiful things and to develop inner potentialities.

The satisfaction of the lower level needs are a prerequisite for satisfaction of the higher level's. Maslow even mentions developmental needs and needs resulting from deficiency. The former are the needs mentioned in the pyramid, while the latter refer to unsatisfied needs such as security, respect, love, prestige, etc. The details of the "needs pyramid" are dependent on age, health status and other personal circumstances and each individual expresses these needs differently. The individual's concerns may fluctuate quite quickly between the various levels within the pyramid depending on changes in life

Maslow stipulated certain principles as the basis for his theory. He assumes that the typical need is self-realization rather than hunger, it applies to the healthy individual and includes both conscious and unconscious motives.

It is clear that both Erikson's and Maslow's theories are important and are useful tools to understand and meet the individual requirements of elderly people both within the informal network and within caretaking programmes.

The use of theories in the study

Above, I have described certain theories within social psychology. Role seems to be static according to the structuralists, while the Meadian role concept is dynamic. Positions seem to be interesting to the structuralists. Symbolic interactionists stress the personal factors in conduct. The analysis of behavior is on different levels in these perspectives. Lauer & Handel (1977, p.78) point out: "The structural approach emphasizes the performance of a set of behaviors which are prescribed for any individual who might assume a particular status while the Meadian approach emphasizes the interaction among roles and consequent modifications of behaviors." While studying old age, both these approaches may give us a better explanation of certain aspects of the old age phenomenon.

Role theories have been critisized because they lay emphasis on present social roles, positions, role taking, social situations and don't take into consideration the individual's unconscious motives, earlier experiences and situations. Thus these theories are unable to explain the individual within a broader life span perspective. Disengagement theory, in particular, is negative to action on the part of those working with or taking care of the elderly, since activating or stimulating them means delaying the inevitable disengagement process.

The developmental theories mentioned above study the individuals' unconscious motives, different defence mechanisms, life history, needs and experiences. Thus they don't study individual's interaction from a social perspective.

A social psychological model built with different perspectives may better facilitate understanding of the elderly persons' social relations and experiences, which seem to be a function of the present social context and also of individual background, as has been pointed out by Tornstam (1992). I refer to these theories when appropriate. The aim in this study is not to test any particular theory but to use them as tools to design the investigation and to understand and explain the results.

3 RELEVANT RESEARCH

A large body of research in social gerontology during the last three decades has focused more on objective factors and objective measures than subjective ones such as quality in social relations (For details see Watzke, 1986).

As the topic of this research is quality in social relations and its association to the older persons' self-conception, I shall in my presentation concentrate on some social-psychological studies which take up social relationships from quantitative, (information about quantity in contacts necessary to discuss quality) as well as qualitative aspects, including an investigation from Gothenburg called H-70 since it is longitudinal and thus provides knowledge of important aspects of old age which are important to my study. I will also take up some research about attitudes towards elderly people.

3.1 QUANTITY IN RELATIONS

This section deals with the results of a few studies undertaken abroad and in Sweden. The reason for selecting just these few studies out of various others is mainly their relevancy for my study. Moreover, these studies use a theoretical background which is similar to mine.

The presentation of research done in the USA is due to the fact that this country is a research pioneer in research in social gerontology. Its results may serve as guidelines because both Sweden and USA share

certain common developmental processes as industrialized societies. However, it is important not to generalize when applying American research to the Swedish elderly population. The two countries do vary in their history, tradition, social and cultural climate and way of solving their respective social problems. Keeping this in view, I present a few American studies and a few Swedish ones.

In investigating social relations, it is important to view the household structure of old people. Proximity (geographical distance) has been studied by Shanas et al. (1968) in the study of old people in three industrialized societies, i.e. the USA, Britain and Denmark. This study can give us a comparative picture of three societies and thus may well be informative. Besides, its data on Denmark may give insight into the living arrangements of old people in a neighbouring country. Proximity in this study has been defined by the time needed for covering the distance to reach each other through the "usual means of transport".

Table 3.1 **Proximity of the nearest adult child to persons aged 65 and over (percent). Source: Shanas et al., 1968, p. 193.**

Proximity of the nearest child	**Denmark**	**Britain**	**United States**
Same household	20	42	28
10 minutes journey or less	32	24	33
11-30 minutes journey	23	16	16
More than 30 minutes journey	25	18	23
Total:	**100**	**100**	**100**

The presented data indicate that the number of aged people sharing household with their adult children is lowest as compared to countries like Britain and the USA, still. 75% live within a distance of 30 minutes to their child. This means that living nearby is more common than living together under the same roof.

Teeland (1978, p. 26) in his study in the Swedish city of Gothenburg, presents data on proximity by ordering children of elderly persons in accordance to their residence.

Table 3.2 **The child's residence in reference to the old people. Source: Teeland, 1978, p. 26.**

Parents' social class	Same neighbour hood	Another neighbour hood in the city	Outside of Gothenburg	Total
Social class I	1	1	5	7
Social class II	2	4	9	15
Social class III	9	19	3	31

Table 3.2 from Teeland's study shows that children from social class I and II live farther from Gothenburg. Before reporting on the social contacts of old people in Sweden, it would be interesting to consider the informal relations of all ages in the Swedish population. Information about such relations is provided by Johansson (1981) in the level-of-living surveys. Table 3.3 displays data from Johansson's study as presented by Sundström (1983).

Table 3.3 **Social relations, contacts and isolation in the Swedish population 15-75 years, 1968, 1974, 1981 (percent) presented by Sundström, 1983.**

	1968	1974	1981
Contacts with kin			
Visits kin regularly	87,6	89,5	90,6
of which often	28,1	29,9	30,7
Little contacts with kin	15,0	12,6	11,3
Of which no contact	6,3	6,4	5,6
Contacts with friends			
Visits friends regularly	91,8	94,7	95,2
Of which often	30,3	35,7	40,0
Little contact with friends	9,1	6,0	5,4
Of which no contact	4,3	3,2	2,5
Much contact with both kin and friends	11,4	13,2	13,9
Isolation			
Few contacts	8,4	7,1	5,7
Of which no contacts at all	1,7	0,9	0,9

This table shows "little evidence of deteriorating informal relations, rather it appears to be the same, the majority of the population has extensive social contacts even if knowledge of the contents or quality of these informal relations is very incomplete" (Sundström, 1983, p. 24). It shows here that 15-75 year olds have regular contacts with both kin and friends.

Teeland (1978) in his study shows that proximity and frequency are associated. Frequency has been defined by "daily", "weekly" and "semi-monthly" contacts. The aged who had "daily" contact with their children

were those whose children live nearby. This supports the results of an international study by Shanas et al. (1968).

The data presented here on proximity and frequency of contacts indic .te that the elderly persons in highly industrial societies like Sweden. Denmark, Britain and the USA are not without contacts with their children.

Ruth Albrecht (1951) has investigated the role activities and the social adjustment of 100 persons, by using proportional sampling method. The theoretical background is role perspective. These 100 subjects included 45 men and 55 women of various ages, at various levels of activity from "active to withdrawn" and of various marital status. The different ages refer to different age levels among the elderly, i.e. from 65 onwards. Information was collected by means of focused interviews. Two instruments were used to evaluate role activities and personal adjustment.

Role activities were defined by the responses of the individuals to a number of questions in six role areas. These questions dealt with contacts with their families, friends, participation in different activities, their feelings of security in different relations, recognition they got from others and feeling of happiness and contentment they got from these contacts.

Results showed:

"...that good adjustment in the later years required a combination of the following eight characteristics: independence of and from the children, close companionship with the grandchildren, interest and pride in the great-grandchildren, home responsibilities, frequent contact with the kinship group, active participation in at least one social organization, regular church attendance, and active civic interests more than just casting a vote." (P.144.) She further indicates:

"...Active social participation in younger years seemed to lead to better adjustment in old age. However, high activity of any quality did not necessarily mean good adjustment in old age, for the aged who were still 'running away' from something were not considered well adjusted. The facts indicated that well adjusted old people no longer competed for status positions of high office or responsibility but tended to

withdraw to a more relaxed kind of participation as their strength and energy permitted. They concentrated their energy on family and home activities rather than outside this circle. Good family relationships in youth seemed almost a guarantee of happiness in old age. Well adjusted people without families tended to compensate by high social and civic activity started in youth or in the middle years." (P. 144.)

According to the findings of Albrecht's study, adjustment in old age is related to the level of participation and type of family relationships in younger years. The question arises, what happens if the aged person loses his health and because of this, is unable to participate in activities, or due to retirement, or death of the spouse becomes lonely, and is left in an emotional vacuum.

The socially isolated when compared to those who were not isolated and those who were cohabiting or had more contacts, considered their health "as bad" or "quite bad". Health tends to correlate with social interaction which has been shown in several studies (see Tornstam, 1992). Shanas et al. (1968) have shown that those in poor health often complained of being lonely.

3.2 Quality in relations

Most of the research in social gerontology has been undertaken quantitatively. Little has been investigated as far as the qualitative aspects of social relations are concerned. This lack of quality has been pointed out by Lowenthal and Haven (1968, p. 21):

"...One finds little research directly related to qualities or behaviour reflecting the capacity for intimacy or reciprocity."

In the following pages I will present few studies on quality in social relations of old people.

Previous studies

Johnson and Bursk (1977) studied the association of living environment, health, finances, and attitude towards aging with the affective quality of relationships of elderly persons from the perspective of parents and their children. The theoretical perspective is social psychological. The total number of pairs (adult-child) consisted of 54 (nonprobability convenience sample). The non-participation was from 28 persons, evenly divided between parents and children.

The age of the children was above 21. This sample was older, more female (white, non-institutionalized aged 65 and above) and economically better off than the elderly in the USA (geographical area from which the respondents were selected was greater Boston). The dominant white ethnic and religious groups of the area were well represented. A majority of the elderly lived alone.

Interviews were done by 18 graduate students (social work). Each of them interviewed three pairs of elderly parent-adult child.

The collection of data took place through a structured interview schedule consisting of both closed and open-ended questions. The instrument constructed for interviewing the adult children was based on the "pretested parent questionnaire". Each interview took an hour and a half (p. 93).

Indicators were constructed for four life areas (living environment, health, finances and attitude to aging) and for family relations. (p. 92)

The indicator of living environment consisted of questions addressed to both the elderly parent and the child. These dealt with "privacy, whether close friends live nearby, convenience to transportation, reason for moving to the present location, fearfulness in the home, and general attitude toward the surroundings"

The questions included in the indicator of health were about " ..the aged parents' mobility outside of the home, the extent of medicine consumption, level of activity and rating of the parents' health". Indicator of

finances were questions about the adequacy of income and the problems in their relations. The questions included in the indicator of attitude toward aging were "about the parent's current happiness, the difficulty of his/her life, and general life satisfaction".

The indicators of family relations dealt with "the openness of communication" between the aged parent and the child, "their enjoyment of each other's company, their ability to count on each other, and an actual rating of the relationship".

> *"Analysis of the data showed that the health and attitude toward aging indicators were statistically the most important correlates of the affective quality of the relationship between elderly parents and their adult children." (Pp. 94-95.)*

The aged parent seemed "...to rate the quality with the interviewed child at least as high, often higher, than did the adult child". The majority of the respondents were satisfied with their living environment.

> *"Felt financial security, not level of income, seemed of importance but its impact was difficult to assess in terms of family relationship."*

> *"In general, the better perceived relationships were associated with parents who were in better health, not restricted in choice of daily activities, and independent. When health was more seriously impaired, and when the family relationship had already been perceived to be strained, the parental illness strained it more so." (P. 94.)*

This study suggests that good health for elderly people can be an important variable in how elderly parents and their adult children regard their relationship. It shows a positive relation between family relationship and health and attitude toward aging of the elderly in USA.

The quality in family relationships in Sweden has been investigated in Gothenburg (Teeland, 1978). The objective of the study has been the nature of family solidarity in later life. The perspective of this study is social. The sample in this study consisted of 24 households, both elderly and their children, selected by home care service.

In this study, the dimensions, participation, activity and spontaneity of the relations of old people have been studied. The results showed that the elderly rarely met their children all together, or even their children's family as a group. A few younger elderly shared activities with their children. When they met, they just talked about everything. Their meetings were "less planned" and less "formal". Surprise visits could be made or received without involving third parties. The relations were characterized by "asymmetry". When, where, and how long, was decided by the adult child. The adult child had access to the keys of the parents' house. The reason for this has been the adult children's mobility. The parents, on the contrary, had as much power as the children to determine their meetings with their children.

The author further investigates how the two generations interacted and why there should exist solidarity between the generations. The family solidarity as an expressive relation consisted of various elements or a "bundle". This "bundle" was made up of asymmetry, mutual assistance, consensus and cultural norms. The findings of the study point out that old people and their children shared a "standard solidarity".

"The abstract building blocks of such solidarity are a low degree of mutual assistance, consensus as to values and personal sentiments and the normative expectation that the generations should 'keep in touch' with each other."

> *"Such a relation grants, we have argued, the old people as well as their children a sense of belonging, a sense of emotional security. There is no guarantee, however, that such a relation suffices for the social needs of the participants. The old people, although not alienated, may very well feel lonely in the sense of being socially isolated... There are various other relations that offer, if not replacement, at least alternatives to this social isolation." (Teeland, 1978, p. 7).*

This study by Teeland deals with the dimensions of relation as characteristics of family as a group, and not as qualities of individuals interacting with others. Teeland's approach is sociological. He treats the family as a social unit and the members in it as its elements living together for the family's stability and needs. The level of my study is social-

psychological. It deals with the mutual interaction of people in social situations and how it affects them as individuals. The purpose is to see the integration of the family and its social functions, while in my study, the emphasis is on how the quality in relations affects individuals and their "selves".

Malmberg (1990) has studied the relation between life satisfaction on the one hand and social network and perceived interpersonal assets on the other. He has used the resource perspective in social gerontology, which means that resources are important to cope with one's own demands and the others' demands. Social network meant in this case the primary social network which included spouse, children and daily contacts. By "perceived interpersonal assets" he meant whether you regard yourself to have good contact with friends, relatives and acquaintances and you consider yourself to have access to people you could talk openly with about personal matters. Life satisfaction was measured by a "global" question about how you get on with life in broad terms. He found that people with a sparse network had a lower degree of life satisfaction. He also found that small perceived interpersonal assets correlated with a lower degree of life satisfaction and a high perceived activity level with a higher degree of life satisfaction. The relations were found in all ages between 40 and 80.

Winqvist (1983) has explored relations between different generations and has its theoretical base in social psychology. Out of a sample of 500 women in the main project, 40 were chosen for an unstructured depth interview. Out of 40, 23 women were chosen from urban areas and 17 from rural areas. Of these, 12 from urban areas and 13 from rural areas responded. The average age of women in these two areas was 72.8 and 75.6 years respectively. In this study, the relationship between one aged respondent and one of her children, chosen at random, has been studied.

The focus in this study is on the qualitative aspects of relations between mothers and one of their children. A first rough measure of quality was the extent of openness and confidence between parents and their children. From this measure, the relationships were categorized in

near, one-sided, superficial and without emotional engagement relationships.

In the close relationships, the mother and child speak in confidence with each other. They feel a sense of solidarity in their relations and even share the same interests. They do activities together. In the urban and rural areas, there were 4 respectively 3 relations of this category.

In the superficial relationships, they talk to each other but not about important things. They do not take each other in confidence. The mothers clearly express that they talk about daily, general things but a deep contact is missing. In the urban and country sides, they found 6 respectively 3 relationships of this kind.

In relationships without mutuality (one-sided), the mothers say that they do not have any secrets and talk openly about every thing to their children but they experience that their children are not honest and have secrets which they do not share with their mothers. There are 2 women in each area.

In relationships without an emotional engagement, the mothers are not involved in their children. They do not tell their feelings to their children. There are 1/4 in the urban respective rural areas. In this group all the mothers, after many years of the loss, are still in mourning. They talk more about their husbands who are dead than about their children who are alive. The women in the other groups have also experienced losses but they have gone through them. They can relate themselves to their children positively which is not the case for women in the category of relation without emotional engagement.

The women in both areas feel that they see their children enough. Mostly the children visit their mothers. Lack of time is the most common reason for not having more frequent contacts. Factors like common activities, interests and experiences favour a near relationship.

The recently widowed mothers, who are still in mourning, seem to have relationships without emotional engagement with their children.

According to the author of this study, the childhood experiences of the mother affect her relationship to her child.

According to this study, the geographical distance between the mother and child, in both urban and rural areas, does not seem to affect the quality of their relationships but it tends to affect the frequency of their contacts.

Ward, Sherman and LaGory (1984) has studied a sample of 1,185 aged persons 60 and over regarding the relation of objective and subjective networks characteristics with measures of subjective well-being. Instruments to measure social ties (3 types of ties: kin, friends, neighbours) and two types of social support (instrumental and expressive) were used. Both objective and subjective measures of social networks were obtained for children, other relatives, friends, neighbours and for instrumental as well as expressive support.

> *The objective measures of social networks in this study include some questions of the older persons contacts with their children, their children's geographical proximity, frequency and sufficiency of these contacts for the parents. It is similar to measures of quantity in relations in my study. The subjective measures aimed at looking the "perceived sufficiency of both social involvement (with children, other relatives, friends and neighbours) and also availability of support (instrumental and expressive)" (pp 94- 95).*

Instrumental support means having "enough people or places to turn to". The "instrumental support was assessed by asking whether there was anyone, other than the spouse, the respondent could turn to in four hypothetical situations: 'someone to look in on you, give you a ride, get something for you at the store, and look after your house', relationship to this named person and location".

Expressive support means "enough opportunities to share confidences and feelings". This support was assessed by asking "how many people 'you feel very close to _ someone you share confidences and feelings with'". The answers to these questions were either "yes" or "no".

For the up-to-three confidants the respondent felt closest to, type of relationship, location and frequency of interaction were also indicated."

The results show that the respondents were socially well integrated. They had enough access to instrumental services. There were only five percent who had no helper. The helpers in the cases of those who had the possibility to help live in proximity, 77% of the sample had at least one person to share confidences with, and 66% of them had a weekly contact with a confidant. Most of the respondents seemed to have enough social ties and supports, both objectively and subjectively. The assessments between subjective network and well-being were only moderate. All these aspects are important to my study.

Thoraeus-Olsson (1990) has studied 291 people living in their homes in three different areas, a rural, a suburban and an urban area. It has been carried out within the field of social work and has a social perspective. The aim was to discover and describe the problems of the aged over 80, the help they get to cope with their problems and also try to understand why some old people receive no help in spite of problems in their life situations.

The study was carried out in three phases: a qualitative study in the suburban area; a total study in the rural area, suburban area and urban area; and a qualitative follow-up-studies in these three areas.

The qualitative study in the first phase was aimed at describing the care requirements of 30 persons through interviews. Their responses regarding care requirements and what possibilities they had to meet them were categorized in instrumental, emotional and existential care needs.

The total study was done in the second phase. The data were analyzed with regard to questions, who receive help or do not receive help; who is the caregiver; is it the formal, the informal older or the informal younger care systems?

The study showed that care was received by a larger portion of married persons as opposed to single. The death of the spouse deprived the surviving partner of an important care resource. In the rural area, the

subjects were more dependent upon care than in other areas. They needed help primarily with garden work and shopping. In the suburban and urban areas, priority was given to cleaning. Persons in the suburban areas were less dependent on help than in other areas. Their houses were modern and they had access to services in the nearby. Moreover, they had a lower degree of physical ailments. The physical and practical needs of care were met satisfactorily for men as well as women and for married as well as for single persons. It was mostly the married women who lacked help with certain household tasks.

The wife/husband was the primary giver of emotional help. The single person lacked this care as compared to the married. Men lacked emotional support more than women did. Men, after the loss of their spouse, felt insecure and lacked someone to share their grief. They had reason to feel "insecure" in the sense that they had less contact with their children.

Many subjects in the rural area did not want to share their grief because they felt that their grief was private. The greatest care givers were the children but women even sought help in older relatives, neighbours and friends. The formal care system played a minor role. Men had a greater loss when their life partner died, since the wife was the only one to whom they could turn to in emotional difficulties.

The care givers who can replace the partner for emotional support are those with whom the older person has a trustful relation. Thus the relatives and friends are the most suitable substitutes for the lost partner than the formal care system.

Many regarded life less meaningful and felt less useful than before. The marriage relation was more important to women than to the men. More singles than married persons expressed that life was meaningless. There was a small difference between men's and women's conceptions of how meaningful their lives were. Most subjects (including those who regarded their present lives meaningless) felt that their lives as a whole had been meaningful.

This study further shows that old people sum up and evaluate their life as they near the end of it and they often need someone to listen when they talk about their old times. The men lacked conversational partners to a greater extent then the women did.

The author concludes that the formal care systems need to co-operate with the informal care systems in order to achieve the goals of old age care. Moreover, the care givers should have certain qualities which may enable them to meet the different care requirements of the aged.

Margareta Carlsson (1990) has used in-depth interviews to study a group of 129 persons, aged 85, living in their homes. The aim was to describe their experiences of old age and how they adjust to it. Each of the subjects got 15 questions to answer. They described what a bad/good day looks like and how they would like a day to look like.

All the subjects told about their earlier experiences of life and also the way they would like to have if they became seriously sick.

The data pointed out 7 different groups, each of them having a particular way of adjusting to old age. They are: "Self-actualizing 7, matured aging 16, accepting 35, family dependent 18, unwilling accepting 33, despairing 13, and disengaged 7."

Those who were engaged in meaningful activities had close relations with family and friends, had control over their lives to a large extent, did not experience themselves old and were called "self-actualizing and matured aging". This was the group which got the most from life. Those who experienced old age as very difficult, lived in their own world and were withdrawn from the world, were called "despairing and disengaged".

Those who experienced life as meaningful had a basic personality which was positive. They felt themselves wanted, were independent and active.

Carlsson emphasizes that physical handicap does not determine the way one lives or feels. People manage limitations differently. The individuals' experiences of situations determine their care needs not the physical handicap. Even though she categorizes the aged on the basis of

their way of adjusting to old age, she stresses that there is a lot which is common to all the groups and unites them. As a matter of fact, human beings' needs are the same. The most important thing to an older person is contact with relatives, children and grandchildren. The myth that the inter-generation contacts are lacking among the Swedes due to social mobility is not supported.

90 % of the subjects who had children had contact with them at least once a week irrespective of the geographical distance. Those who had children in close geographical proximity met them on weekends and also got help with cleaning, shopping and other practical work which they could not manage on their own.

The data collected through interviews with children indicated that children care much about their parents. More daughters worried about their parents than sons, had closer contact, especially with their mothers and they help with practical help.

Divorce among the adult children affected the older parents strongly. The son's divorce often meant deterioration or an end to contacts with grandchildren which was very painful to them. If sick, they would like to come to a place where one could get help and escape from all pain and prolonged suffering. They would rather like to die quietly than to be alive with the long-term care.

In spite of these differences, there were a few things which were common to all the aged in this group. They wanted to go out in nature, to look at the blooming of the trees, to sit on the sea shore and look over a calm mirror-like lake. This was what they enjoyed. Sometimes, the experiences of nature had almost a religious meaning. Faith in God was important even if there were only 15 persons who said that they were strongly religious.

To watch television, read a book or evening newspaper was a common evening activity. Most of them started their day with the newspaper and a cup of coffee. During the day, the radio was on and one used the telephone if one had to call. If the day was to be good, it was important to go out and meet other people. Most of these persons would

like to go out with their home help personnel in order to get a change in their daily trivialities.

The author stresses that it is very important to take this into consideration while planning for older people. Since old age can be different for different persons, there is a need of different types of living arrangements and care. One's well being depends a lot on if one gets that help one needs. One must get this security as an old person. It is such security which according to me seems to be important to the aged's self-conception.

3.3 SELF-CONCEPTION

A person's self-conception seems to depend on his/her social interaction and personal experiences, both in the past and present and it is built on several aspects of a person's life. People are prone to evaluate these different aspects according to their personal needs. Older people minimize certain aspects of self in their evaluation of self. These "minimized" aspects are deteriorating health, appearance and relative lack of education (Riley & Foner, 1968, p. 289). They further point out that the older people, when they are healthy and engaged in life, are inclined to perceive themselves younger than their age.

There are several studies of different aspects of self-concept. I have included variables suggested by different gerontological studies. Old age implies changes in different aspects of one's life. According to researchers, the older people's experiences of themselves may change, for instance, due to physical changes (Giffin, 1960; Rose, 1965a). Moreover, one's age-identification as young or old may affect their adjustment. Those who feel themselves younger than their age are adjusted favourably (Blau, 1963; Peters, 1971; Philips, 1957). Young identifications lead to positive reactions to changes in roles (Philips, 1957). "Felt age" is related to maintaining formal and informal social involvement (Bell, 1967; Guptill, 1969).

Old age does not automatically mean deterioration in health (von Sydow, 1991). However, it is not poor health but the experience of one's health condition which is associated with subjective age. Those who feel healthy don't feel old (S. Berg & Johansson, 1991).

Stone (1962) points out the importance of health for age-identification. The reasons are: "First, health reflects upon one's 'body image,' and...one's appearance, for example, can be an important aspect of personal identity and aging may first enter our awareness because of wrinkles, grey hair, and the like." (Stone, 1962 cited in Ward, 1979, p.153). Health's effects on activity and life-style are mentioned by other researchers (Blau, 1956; Philips, 1957). Ward (1979) points out:

> *"When age-linked change accumulates _ retirement, widowhood, grey hair, poor health _ some consideration of self seems inevitable." (p. 152.)*

The importance of friendship networks in self-conception has been suggested by Blau (1956). According to Hendricks and Hendricks (1977, p. 296), "friendships shield the aged against negative self-evaluations. Sometimes more than families, intimate friends are a great source of strength, since they provide reference points from which adaptive reformulations of one's self-concept can be forged."

In the previous chapter, I have referred to studies which mention that there may be changes in roles and situations due to death, divorce or separation which "requires a reconstruction of our self-conception" (Peplau & Perlman, 1982). What happens to the self-concept when a person's social situation changes. has been investigated by Mason (1954). He found that variables such as age, attitude toward aging, educational level, length of residence at the present address, conception of health status, family success, occupational success, social success, number of free time activities, mood of life, present mood, present level of social maturity, and intelligence are significantly related to the views an aged individual holds of himself. These "self-views" are judged on a continuum "positive to negative and organized to disoganized".

The sample consisted of three groups: one institutionalized group of elderly of 55+, another group of 30 persons aged 60+, and a third group was of persons of 30-years-old. The results show that an aged institutionalized group evaluates its "self-worth" more negatively than an aged non-institutionalized group. The second group evaluates its "self-worth" more negatively than the group of young adults. There was no difference in these groups' "negative attitudes toward present state of happiness and present ability to contribute". This study gives some evidence of old age's relation to feelings of "self-worth". The two aged groups view their self-worth more negatively than the younger group but a "significantly greater inter-individual variability" occurs in their reports of their positive to negative attitudes.

This study shows that the negative responses to measures of self-esteem increase with the increase in the age of the respondent.

Bettina Stenbock-Hult and Anneli Sarvimki (1994) in their study of the elderly's experiences of their purpose in life and their self-esteem, having its background in Frankl's theory of meaning with life and Rosenberg's theory of self-esteem, have shown that the elderly (75-years old) have a good self-esteem. No relation is found between these experiences and the respondents' age, civil status, education, home language or satisfaction with economy. Both these variables have a weak relation to age and strong relation to health, daily activities, social network and physical functions.

According to research, self-conception are formed and affected by values and attitudes of society. To understand the aged's experiences of themselves, it is important to know something about attitudes in the Swedish society.

3.4 A LONGITUDINAL STUDY ON ELDERLY PEOPLE

Svanborg and his research team began 1977 to follow three different age-cohorts of 70-year-olds born within an interval of five years in the

Swedish city of Gothenburg. This longitudinal study is often called H-70. The researchers are seeking answers to several questions related to normal and pathological aging. The theoretical base of this study is primarily medical but it has also studied several other aspects of old age and thus is said to be multidisciplinary. The results of this study give us valuable information about several aspects of aging as a process. Here I, present such as health, intellectual capacity, memory, feelings of loneliness, loss of partner and diseases in the older population. (Svanborg, 1986; William-Olsson & Svanborg, 1984).

This study shows that the aged are healthier now than the elderly in the same age five years ago. As a matter of fact, if we are healthy, there is not much change physically and mentally between the age of 60-80 years, which means that we can live an active life at advanced age. In regards to different functions, one's speed slows down and one works carefully at an advanced age. There is a deterioration in bodily functions in the later part of 80 years.

In regards to intellectual capacity, it remains more or less unchanged as compared to earlier years in life. According to Berg (1980), there is neither a change in intelligence nor in memory. If there is a small change, it can easily be compensated for by different "strategies" to remember things. Learning ability changes. It takes longer time to learn new things than before. One learns best through holistic method, i.e., one starts to see wholeness first and details later on.

Memory is expected to deteriorate with age but this is not true. According to this study, between 70-79 years, the effect is not as dramatic as was believed.

The researchers point out that the life style, environmental factors and presence or absence of diseases have a great impact on the functional capacity in the later years in old age.
According to this study, every fourth woman and eighth man often or sometimes feel lonely. Persons who often feel lonely are those who also don't feel well. They have more often back pains. The lonely women complain of headaches and pains in general. They go more often to the

doctors, take more medicines and consume more social services as compared to women who don't feel lonely.

In this study, every sixth woman is so isolated that often one or two days pass without her speaking or meeting any outsider. On the contrary, the contact with the children seems to be surprisingly good. Two out of three respondents have grown-up children. 80% of the children reside in the area of Gothenburg. About 40% had seen their children within the last two days. Approximately, 7 of 10 persons never visit their neighbours. Other factors which contribute to their isolation are lack of elevator and fear of going out alone in the evenings.

This study further indicates that the loss of one's life partner, particularly during old age, affects the surviving partner. The death rate is higher for men as compared to women in this age group.

The older persons who feel lonely and have lost their life partners feel rejected and this feeling of rejection gets manifested in symptoms such as loss of weight, sleeping problems and an increase in medical consumption. Even after three years since the death of their husbands, these women use more sedatives and pain killers than married women.

For the widowers, many other aspects of life are changed such as activity and eating habits. Their drinking and smoking habits are affected. They lose their friends and the rate of suicide increases for them.

As compared to married couples, widows and widowers have more feelings of loneliness even five years after the loss. This feeling is most common among the widowers. It is a general belief in the society that old people are lonely but this notion is contradicted by this study. Like other studies, this study shows that men are more ill and have different diseases than women.

Summary: Above, I have presented some studies. Their results indicate that the elderly live nearby their children but not with them. Geographical proximity is associated with frequency in contacts with children but not with quality in contacts. There exists standard solidarity in the family. The level of participation and type of family relationships in younger years is associated to adjustment in old age. The individual's perception

of one's interpersonal assets are related to life satisfaction. Health tends to correlate with quality in social interaction. Caregivers are mostly from the informal care system. The relatives and friends are the most suitable substitutes for the lost partner than the formal care system. Age affects self-esteem negatively. The general belief in the society that old people are lonely is contradicted by the H-70 study. Men are more ill and have different diseases than women. Attitudes toward older persons depended on if one had an older person in the family or had some contact with an aged person outside the family. This knowledge of different aspects of old age is important to my study.

3.5 ATTITUDES TOWARDS OLD PEOPLE

The attitudes of others and one's own perceptions of others' attitudes toward aging and elderly persons play a significant role in forming the last stage of a person's life.

Attitudes, both positive or negative, toward old age and elderly persons are most likely to affect the self-perceptions of old people. As a matter of fact, attitudes are communicated, learnt and formed through social interaction. Through learning, they are internalized and become a part of self. Our self-definitions arise through them (attitudes).

Attitudes of third graders toward aging in USA have been investigated by Hickey, Hickey and Kalish (1968). The 8-year-old children were asked to describe an older person. These descriptions were categorized in physical and social categories. The attitudes of children from privileged homes were more positive than the attitudes of children from less privileged homes. McTavish (1971, p. 97) after reviewing different studies of attitudes toward elderly persons have presented a list of images of older persons emerging from these studies. These images were: "...that old people are generally ill, tired, not sexually interested, mentally slower, forgetful, and less able to learn new things, grouchy, withdrawn, feeling sorry for themselves, less likely to participate in activities (except, perhaps, religion), isolated, in the least happy or fortunate time of their life, un-

productive and defensive in various combinations and with varying emphasis" (p. 97).

These negative images mentioned above, do not mean that there are no positive images of old age.

Helin (1979) studied in 1974 two samples of 10- and 12-years-old children. The aim of the study was to investigate the actual contacts of these children and the conceptions of the health and social situation of old people. A total number of 186 pupils in the grades 4 and 6 in a comprehensive school in a suburb of Gothenburg were asked to describe old people. The analysis of their descriptions showed that 10 year old girls were more positive than 10-year-old boys. These girls mentioned that it was fun and secure to be together with old people. More boys than girls showed a negative conception of the aged's health. Throughout the study 12-years-old girls had the least positive attitude towards old people. They considered old people as being nagging and boring. The boys of this age agreed more than the girls with the opinion that the elderly people were worn out and they should retire and leave room for the younger generations.

Helin concludes (p. 104), after comparing with a pilot study of the same age groups made in 1979, that the children regarded the elderly people as kind, a bit nagging, weak, in need of help, sickly, put aside, scared, unfit to work and cost society a lot of money. She also raised the question from where they had got these attitudes and if the values of society needed to be changed. This conclusion points out a vast pedagogical problem.

Thorson (1975), in a sample of 98 respondents showed no relationship between attitudes toward age and elderly persons, race or social class. But he found a link between education and attitudes to aging.
Frönes (1972), in a Norwegian study, investigated social contacts and attitudes to elderly persons in a big city, suburb and in a small town. 13-18-year-olds in a suburb were compared to samples from a big city, small city and from countryside. Frequency of contacts was higher in the country side than in the city. In the suburbs there were about 50% who never had any contact with elderly persons. In the country side

there were 52% girls and 40% boys who had a daily contact with their grandparents. In the small town there were 25% girls and 20% boys and in the suburbs 8% girls and 2% boys who had a daily contact with aged persons. Most of them (in all areas) had positive attitudes toward elderly persons. Attitudes toward older persons depended on if one had an older person in the family or had some contact with an aged person outside the family.

These attitudes, both positive and negative, have consequences for the personal experiences of all ages, since our self-images emerge as well as develop in interaction with others.

4 THE THEORETICAL MODEL OF THIS STUDY AND ITS APPLICATIONS

4.1 THE MODEL

It is possible to construct, on the basis of the discussions undertaken in the previous pages, a model consisting of three parts. The preconditions define the first part of this model. This forms the basis of our social relations. Part two of this model describes the two aspects of social relations, quantity (part 2a) and quality (part 2b), which seem to influence each other and may further affect personal experiences (= self-conception) of old people. Part three of the model describes some aspects of self-conception. The different parts of the model are described schematically in figure 4.1.

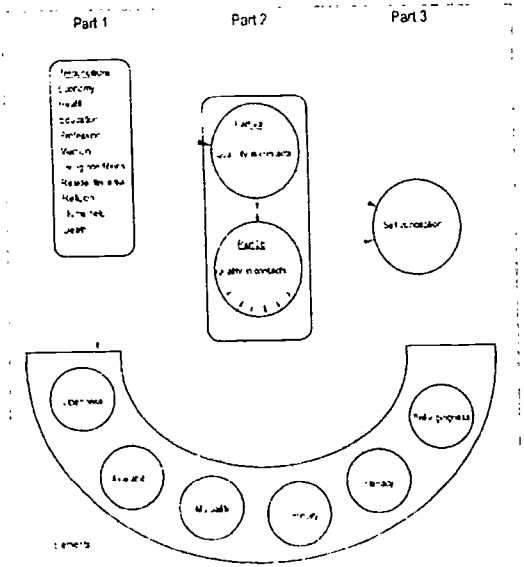

Figure 4.1:The model of this study.

A basic outline for the procedure to obtain information related to the different parts of the model is necessary before the model can be used. The next chapter will then go into the practical details on this issue. The dimensions of quality as well as the elements of each dimension have been described in chapter two (pp. 21-28).

Part 1

Part 1 of the model deals with preconditions of social contacts and is to be considered as the basis of this model. This basis consists of variables such as economy, health, education, profession, memory, living conditions, place of residence, religion, home help and death.

Part 2

Part 2 includes questions dealing with social contacts of older people. The term "social contacts" denotes contacts with persons such as adult children, grandchildren, siblings, neighbours, friends and companions in different activities.

In this part, I may obtain information through questionnaires with structured as well as open-ended questions. The quantity in social contacts (part 2a) is to be measured with the help of a number of questions about the size of family, siblings, other relatives and friends, as well as the frequency and type of contacts with these people. The frequency and type may be scored on a social contact scale designed for this purpose.

Part 2b of the model deals with the quality of social contacts. The quality is to be measured with the help of questions which take up the six dimensions discussed in the preceding pages (see also figure 4.1). Each of the dimensions may be investigated through five questions dealing with possibility, identity, proximity, means of expression and evaluation respectively.

Part 3

The third part of the model takes up self-conception, which means self-images or attitudes to questions dealing with oneself. This may, for example, be studied with the help of a five-point scale. The items in this scale would refer to opinions on the present and the previous social roles and activities of the subjects. The subjects are placed on different points in the scale in accordance with their responses to different statements.

4.2 DISCUSSION OF THE PROBLEM AND AIM

Social networks are likely to be important for personal definitions. It is through these networks that our identities may be validated. As a person advances in years, certain changes may take place. Some functions may remain stable while others may slow down. There may be changes in the person's hearing, memory and physical mobility which may affect his/her participation in activities and social contacts. Moreover, health status may change and make him/her dependent on others and thus affect his/her relations to others. There may even be changes in appearance and in the body. Old age may in itself be feared as well as denied or it may be accepted. The aged person retires from his/her occupation which may mean a change in the daily situation. One's valuation of personal resources may change in new contexts. Besides this, there may be disruptions in his/her social network due to death, divorce and distance.

One may wonder how these changes affect his/her social network and personal experiences.

Social networks of the aged people have been studied quantitatively. One has studied the older people's number of contacts with their children, siblings, friends, and neighbours both in Sweden and in other countries. The results indicate that most of the older people have children and live in geographical proximity to them. They socialize with their children, siblings, friends and neighbours. The question arises: What do

their social networks look like? How frequent are their contacts with different persons in their social network?

Most women outlive their husbands and often do not remarry. The chance of living alone is greater for women than men. More often, living alone is confused with feeling alone. To live alone and to feel lonely do not seem to be the same thing (S. Berg et al., 1981; Townsend, 1968). They seem to have different meanings and are of different types (Olsson, 1989). More older men than women live together with their married partners while more women live alone and maintain their independent households (Lawton, Moss & Kleban, 1984). Does living alone/together imply that social networks may be different?

There are studies on the elderly's frequency of contacts with persons in their social network and satisfaction with life. Little relations have been found between family availability, interaction and subjective well-being (Glenn & McLanahan, 1981; Hoyt et al., 1980; Larsson, 1978). Even the size of the social network (a very big or very small network) is unrelated to satisfaction (Stokes, 1983). Quantity alone does not seem to explain the aged person's satisfaction (Arling, 1976).

Old people are neither alike in their level of activity, nor in personal or social resources. Their social situations and experiences of them may be different. Increased gerontological research shows that the aged are not a homogeneous group (S. Berg & Johansson, 1991, p.94).

Observations and studies indicate that some elderly people are engaged in activities in spite of changes in health and social situations. They meet their children, grandchildren, siblings and friends and seem to be satisfied with their social networks and with themselves. There are others who have continuity (no changes) in health and social situations. They have a large social network and a high level of activity but they feel "emotionally lonely" and are not satisfied with themselves.

One also observes elderly persons who have a very constricted social network and seem to be disinterested in any activities. They are "socially isolated", but they seem to be emotionally satisfied with their social network and with themselves. The results of different studies on

social contacts are contradictory. In all these studies, the aged person has been seen "as an object" and is neglected "as a subject" who has the "knowledge of his state and who reacts to it" (de Beauvoir, 1977). What is needed is quality in relations which means "functional dimensions" of social network. These functional dimensions have to do with emotional, instrumental and informative support (Rinell-Hermansson, 1990, p. 64).

To be socially surrounded by many people or "socially isolated" does not necessarily mean more emotional satisfaction or "emotional isolation". "Emotional isolation" and "social isolation" are the terms used by Weiss to denote two dimensions of loneliness (Weiss, 1973). "Social isolation" is caused by a lack of people or having undesired people in one's network. There is a "discrepancy" between the actual and desired persons (Sermat, 1978). "Emotional isolation" means experienced lack of intimacy (Mullins, Johnson & Andersson, 1987). One may feel emotionally lonely even though one has a large social network. To me, these two dimensions have partly to do with quantity and quality of social networks. Social isolation means a low frequency in contacts with people in one's network or having a very limited network while emotional isolation means a lack of quality in one's network.

I assume that it is not only the size of the social network and frequency in contacts with persons in it (quantity) but rather the quality in contacts with persons in the social network that may affect the aged's self-conception. The quality of social network, according to me, is an independent variable. I have chosen six dimensions of quality. They are openness, availability, mutuality, continuity, closeness and belongingness in relations. The questions regarding quality are: Do old people have confidants in their social networks? Have they the possibility to reach someone in times of crisis? Do the elderly exchange help and services or not? What is the identity of persons who give/take support? Which part of the social network is emotionally close to them? With whom do they share continuity in relations?

The concept of self-conception is the elderly person's experience of the social situation, which makes it a dependent variable in this context.

The questions are: What happens to the elderly's self-conception in the face of changes in social roles? Do wrinkles or other bodily changes affect the physical identity? How is the "felt age" in relation to chronological age? Does he/she regard him/herself as young or old in relation to his age? How is the social identity in relation to quality in social network? What is the self worth? Do retirement, death of close persons and consciousness of one's own approaching death cause inner inconsistency in one self?

The overall aim of the study is to acquire knowledge of old age which may enable us (educators, caretakers and even relatives) to reflect on our attitudes towards old age, remove misconceptions and enhance understanding of the aging process (personal and of other cohorts) and thus lead us to better communication between generations. The specific focus of this report is to describe and explain the quality in social networks of a group of aged people and their self-conception.

Answers to the following questions are to be sought:

1.What is the quality in social network of the aged people?

2.What is the quantity in social network of these people?

3.How do these aged people with a particular quality in social network view different aspects of themselves?

4.Do their present views of certain aspects of their self-conception differ from their views of the same aspects in the past?

An interview study of 70-year-old people in Malmö undertaken in 1985 shall be presented below to accomplish this. The results will be discussed on two levels:

1.What do the quality groups of the sample look like?

2.What does the whole sample of aged people look like?

Chapter 6 constitutes the answers to the first question. Chapter 7 focuses on the common characteristics of the whole group of aged persons and gives a general summary.

5 METHODS

5.1 INTRODUCTION

There are different methods for collecting data in research. In this study I use an interview technique in order to get answers to the research problems. One of the reasons for the choice of this method is its suitability for the elderly people. Through directly interviewing the elderly, one minimizes the risk for misconception of questions and also gives the possibilities for clarification, which is not possible in other types of methods. Moreover, older respondents have hearing and vision difficulties. One can adjust the question according to the need of the situation. Direct interviews conducted in the home environment give us access to other clues which can be helpful in understanding the respondents and their social situations. Moreover, direct contact is important in order to gain knowledge of their experiences.

5.2 THE SAMPLE

Method of selection and the final sample

I drew a random sample of 135 people, 60 men and 75 women, from a list of people born in 1915 and living in Malmö at the time of the investigation in 1985. The list was supplied by the municipal council in

Malmö. The ratio of men and women in the study is proportionate to the men and women in the population, which amounted to 1228 men and 1445 women on the list. The procedure for drawing the sample was as follows:

The names of people in the population were divided into two lists, one for men and one for women. In these lists the names were alphabetically ordered. With the help of a random number table, I drew every 20th person from each of the two lists.

Originally, my intention was to investigate the whole representative sample of 135 people. However, many people refused to participate for reasons discussed below and the investigation had to be limited to a group of 39 people from the sample.

In table 5.1 there is an overview of the sample and of the refusals. The reasons for non-participation in this study concern either the people's own health problems, concern for others', anxiety over one's own and other's limited resources, unwillingness to expose oneself, lack of time, lack of interest in research and and fears of mighty authorities.

I may categorize the responses of the non-respondents into the following four categories:

1.Persons with somatic problems.

2.Persons with psychological problems.

3.The helpers having short of time

4.Persons afraid of authorities

Table 5.1. **The total number of 70-year-olds in Malmö and the size of the sample.**

	Men	Women	Total
Total number	1228	1445	2673
Total number in sample	60	75	135
Allowed interviews	14	25	39
Refused to participate	25	29	54
Impossible to reach	17	16	33
Put down the receiver without dismission	3	3	6
Going abroad and therefore no interviews	1	2	3

The final group in this study consists of 39 persons. Of these 39, 25 are women and 14 men. The number of men is lower than the number of women due to a high rate of refusal among men as compared to women. All the respondents in this sample are 70-year-olds living in Malmö between July 1985 and February 1986. None of these persons lived in an institution or service home. In other words, all the respondents had homes of their own and managed them alone or together with the help of married partners, children and siblings.

All have been interviewed between July 1985 and February 1986. Most of the interviews have taken place in the homes of the respondents. Only 6 (5 men and 1 woman) were interviewed at the School of education in Malmö, as desired by these respondents.

I can divide the work during this period into three phases:

1.Preparation phase

2.Contact phase

3.Interview phase

Interview preparation phase

In this phase I prepared my activities as well as myself. My status as an immigrant and a non-native Swedish speaker made me sense a feeling of uncertainty. I also expected that it would be difficult for the others too, perhaps even more difficult, since they were the ones who would have to reveal big parts of their lives (their experiences of joy, sorrow and pain) to me. Besides this, I was well conscious of the possibilities of the respondents' reluctance or even refusal to participate in the interview programme.

Keeping this reluctance in view, I sent letters in advance to the people in the sample informing them that they would be contacted on the telephone about two weeks later to acquaint ourselves, discuss possible questions and fix time and place for the interview.

Telephone contact phase

Two weeks after dispatching the letters, I started calling these people one by one. My experience showed that telephoning elderly people is not the same as telephoning younger persons. It requires a long time before they pick up the receiver. It was usual to get an answer after at least 10 - 12 signals.

Most of the people knew what it was about when they answered and had already decided to be in or to stay out of it. In all, 54 persons out of 135 refused to participate.

One group (6 persons) among those who answered the telephone put the receiver down by saying that they had no time to talk to me or they just put the receiver down after realizing who I was. They refused to talk.

There was still another group which was accessible neither by telephone nor by letter. We (i.e. I and another interviewer) contacted one person in this group by personally visiting the address, but it was in vain. She blankly refused to participate. We did not locate others since we did

not want to force them to participate. In all, 33 persons were impossible to reach. Another 3 persons refused to participate because they were going abroad.

The general pattern was that most of the women expressed that they were afraid and nervous and therefore could not participate while men refused to participate due to lack of time or being away. Out of 135 persons only 39 took part in the interview.

Interview phase

In this phase, I interviewed 22 persons myself. The rest of the persons (17) were interviewed by a Swedish trained nurse, familiar with the aim of this study and with the same dialect as the respondents. Every interview took about one and a half hour. The first few interviews were recorded by us, but this method was discarded partly due to being distracting to the respondents and partly due to our own discomfort in using it. We discovered that it was a barrier in the genuine flow of feelings.

The part of the interview connected with questionnaire 2b was partly a "depth-interview". The respondents were open and keen to share their sorrows and joys with us. Most of the women showed us photographs of their families. In those moments, they took us through their narrations back in time to their world, which was formed by a society with another face compared to the present one. I could understand the conditions which determined the course of their lives.

Personal reflections: Analysis of non-participants

In this part I will make a more detailed analysis of the refusals in order to form an opinion about the representativeness of the final group. Above (p. 73) I have mentioned four categories of non-respondents. In category 1 the people have given bad health as the reason for not participating in the study. The following are the respondents' comments in relation to their health:

"I have thrombosis, am tired and I generally have it extremely difficult. I can't participate"

"I don't want to. I have difficulties to move myself."

"I am sick. It is meaningless."

"I am almost blind. I can't."

Two out of four want to participate but are unable due to bad health while the other two persons with poor health do not want to cooperate at all.

There are still others (category 2) who indicate their lack of interest in this study. Moreover, it is unpleasant to open one's life to others. They suggest that I may interview others. Their suggestion to me to interview others means that they themselves, as compared to others, have nothing to contribute. They probably underestimate themselves.

There is a group of people (category 3) who give lack of time and their involvement in helping the needy and sick as reasons for not meeting us. Let us look at the following comments:

"I have no time. It is not possible. You can find somebody else. I have nothing to tell You and I want to be left in peace."

"I am extremely busy. I can't talk."

In these statements, there are several reasons given for one's inability to participate in this study.

If a tight schedule is the only excuse, I would accept it as a valid reason, but by saying that she has nothing to tell me and she is being disturbed by my telephoning, it makes me wonder if lack of time is a cover for other feelings which are unacceptable to the person concerned. These are the people who, most probably, want instant help in their daily lives here and now. Their non-participation deprives us of a source of important knowledge of old age.

There is one more category among the non-participants (category 4) which consists either of those who pick up the receiver and after knowing who I am, put it down or of those who express their fear of authorities as the reason for non-participation.

In old age, one has to deal a lot with the authorities for different services. Most of the aged people avoid this bureaucracy which can possibly be experienced as degrading and threatening and often people, especially the aged, feel themselves exposed (For fear of authorities, see Kastenbaum, 1984, p.74).

This may be a possible reason that considering me as a formal authority, these people have bluntly refused to meet me. They were neither receptive to what I said nor curious to find out about what I did not say.

A clear conclusion of my reflections above is that the group which finally is available for the investigation is biased, since it seems that those who are sick, lonely and have problems are more or less systematically left out of the study. This means that the 39 people remaining in the study probably represent the more healthy and active part of the population in a relatively large city. However, a small group such as this can contribute valuable information about quality of social network and self-conception of aged people since this area is not researched. Therefore, I pursued the investigation of the 39 persons. The discussion below will be made accordingly. It will also restrict the ways to analyze the data. Thus, the aim is not to generalize from this group to all 70-year-old people in Malmö. I limit myself to draw conclusions about the people in the group.

5.3 OVERVIEW OF THE DIFFERENT QUESTIONNAIRES

There are four different questionnaires encompassing various aspects of the elderly people's lives. These questionnaires differ in the nature and level of data to be collected. They are as follows:

- 1 Background data on individual level (preconditions of social relations)

- 2a Quantity in social contacts. The nature of data is more mechanical and less emotionally loaded as compared to other questionnaires.
- 2b Quality in social contacts. The nature of data is of personal and emotional nature (six dimensions of quality).
- 3 Data on attitudes of aged persons towards different aspects of the self. Information is of a self-exploring nature.

Before the questionnaires were put to final use, they were tested for the first time on a group of ten aged persons, five women and five men, in Stockholm. For the second time, the questionnaires were tested on five women in my neighbourhood. Even a few attempts to test these questionnaires on single aged persons have also been made.

During testing, some questions were reformulated and some were left out since they were unclear, difficult and unnecessary. Moreover this testing helped me to correct the style of putting the questions. The questions and data from the respective questionnaires are presented in the correspondingly numbered appendices below.

In the following pages I shall describe the questionnaires in more detail, construct the scales for quantity and quality in social relations, categorize the respondents in groups and make a qualitative description of the groups. This analysis and description may help me to understand the results.

5.4 PRECONDITIONS

Questionnaire 1 (appendix 1)

This questionnaire has both structured and open-ended questions. The purpose is to get information on two levels. The beginning part of the first questionnaire has some structured questions with predetermined answers such as mostly "yes" or "no", "short" or "long". The variables included in it (this questionnaire) are the older persons' residence, locality, distance to the shopping center, postal and communication services, and

living arrangements. After these questions of an impersonal nature, open-ended questions such as the respondents' civil status, education, occupation, childhood, economy, health, memory, faith, death and use of medical services follow.

5.5 QUANTITY IN SOCIAL RELATIONS.

Questionnaire 2a (appendix 2 A)

Part 2a contains questions concerning frequency of contacts with children/grandchildren, siblings, relatives, friends and neighbours. They (questions) are structured in the sense that they follow a particular order. All questions except one in each category are without pre-determined responses. For instance, the variable, contact with children has 7 questions, which deal with the number of children, their sex, residence, possibility of contact, nature and frequency of contact, change and nature of change in contact, wish for contact and the nature of wish for contact. Of these 7 questions, only the question of wish for contact is structured in the sense that it has a pre-determined response "yes" or "no". The questions in relation to contacts with siblings, relatives, friends and neighbours follow the same pattern (order) as described for contact with children.

The validity of the answers to these questions can only be assessed by determining the correspondence between them and also, whenever possible, their consistency with answers related to the other questionnaires.

The responses to different questions concerning quantity of social contacts are given points in accordance with the scale to measure quantity in social relations given in table 5.2. Personal contacts by visits ("meets") are given more points than contacts by telephone ("tele"). Application of this scale gives the results in table 5.3.

Table 5.2: Scale to measure quantity in social relations.

		Points	
		Meets	**Tele.**
1 Respondent shares residence with his/her partner, child, relative or sibling			4
2 Respondent's contact with children and grandchildren			
The respondent meets personally his/her children/grandchildren	daily	4	2
	weekly	3	2
	monthly	2	1
	yearly	1	1
	rarely	0	0
3 Respondent's contact with siblings			
The respondent meets his/her siblings	daily	4	2
	weekly	3	2
	monthly	2	1
	yearly	1	1
	rarely	0	0
4 Respondent's contact with relatives			
The person meets his/her relatives	daily	4	2
	weekly	3	2
	monthly	2	1
	yearly	1	1

	rarely	0	0
5 Respondent's contact with friends			
The person meets his/her friends	daily	4	2
	weekly	3	2
	monthly	2	1
	yearly	1	1
	rarely	0	0
6 Respondent's contact with neighbours			
The person meets his/her neighbours	daily	4	2
	weekly	3	2
	monthly	2	1
	yearly	1	1
	rarely	0	0

Interview results and validity aspects

The responses of the respondents' quantity (number and nature) of social contacts are presented in appendix 2A.

The first task is to determine the consistency of the responses of the respondents about the frequency in their contacts. Is the respondents' estimation of high or low frequency true or not? I will give an example of how the consisteney may be determined.

For example, the married respondent sharing a household with his/her spouse scores four points. D is married. The quantity related question of if he lives together with his wife is validated through his response to the quality related questions concerning the identity and proximity of persons in open relation (control questions 1.2 and 1.3 in questionnaire 2b).

D has daily contact with his son who lives just opposite him. A daily contact with a person living in close proximity is quite possible. The dimensions in quality indicate that D mentions that his son is available in times of need and also has a mutual relation with him (control response).

D's contact frequency with his siblings is once a year. It is so low, it can't be an exaggeration. Bearing his Swedish background in mind, this low frequency is not surprising. Moreover, he has mentioned one of his sisters' residence as a place where he feels at home. The contact frequency shows that his response can't be an overestimation.

D has a low frequency in contacts with his relatives. It is most probably so for the same reasons as for contact with siblings. The low estimation of contacts with siblings and relatives hardly affects the total score. Those relations which give him important scores correspond with his statements (responses) in other parts of the interview.

D has expressed a weekly contact with his friends. This is supported by a lively account of his experiences of long lasting friendships in the city of Malmö. In addition to this, he leaves information about his friends in the self-concept part (questionnaire 3), where he regards himself appreciated by his friends which give consistency to his statement concerning frequency in contacts with friends.

Regarding his contacts with neighbours, like many others in this group, he mentions "staircase contact". What this means quantitatively is difficult to judge. As a matter of fact, it may be more than a daily contact and even important but at the same time, its form gives a tone of very low depth and low level of regularity which determines low scores throughout for such contacts. In this case, there is no information from other parts of the interview which reveal any deep relations with neighbours. Contradictory information given in an interview is taken into consideration when scoring quantity in contacts. Moreover, such cases shall be taken up in the descriptive part of this chapter.

No discrepancies were found while doing an analysis for consistency.

Table 5.3: **Results from applying the scale in table 5.2 to the investigated group.**

Points	Number of persons		
	Men	Women	
14	1	1	= 2
13	7	1	= 8
12	0	2	= 2
11	1	2	= 3
10	4	4	= 8
9	1	1	= 2
8	0	10	= 10
5	0	2	= 2
4	0	1	= 1
3	0	1	= 1

5.6 Quality in social relations

Quality in social relations is measured by questions dealing with the possibility of the responses to six dimensions of quality. For instance, "openness" is measured by the question, "Do you have any person to whom you can confide your problems"? A positive or negative answer determines if the person has an open relation or not. The answer to the question of the possibility of fulfilling each dimension of relation will measure quality in social relations.

The remaining questions serve the purpose of testing the validity and also to form the basis for a description of the aged people's quality. The questions are "who is that person" (2), "where does he live" (3), "what does openness mean to you" (4) and "is openness important to you" (5).

Questionnaire 2b (appendix 2 B)

As pointed out before, there are six dimensions in quality. They are as follows:

- openness
- availability
- mutuality
- continuity
- closeness
- belongingness

Each dimension of quality is measured by five questions similar to those for the dimension "openness".

Construction of the index for quality

In order to categorize the quality, I have given a special status to three of the total six dimensions on theoretical grounds. These three are availability, mutuality, and closeness. The reason for assigning a special status to just three of these six dimensions depends on the assumption that these are based on our basic needs of having someone available when we are in need, of mutual exchange of services and gifts and of emotional attachments. From the needs' perspective, the remaining three dimensions of openness, continuity and belongingness are obviously important but if they are lacking, one can still manage one's life with the help of the other three dimensions. The practical problem is that most of the older people lose their friends either through death or migration, which deprives them of continuous relations. This means that most of the aged people are going to lack continuity in reality.

On these grounds I make the assumption that old people may possess basic quality if they have at least three dimensions: availability, mutuality and closeness.

The persons who do not fulfil the requirement of having all the above mentioned three necessary dimensions must be regarded as being in a disadvantageous situation. I may designate them as having low quality.

The reasoning above, which applies to all people, both young and old, leads to an index with two categories, a basic category with at least all the three necessary dimensions and a low category lacking necessary dimensions. It is useful for further discussion to have individuals possessing all the six dimensions in a separate category which I designate as high quality.

Thus the index will contain the values high quality, basic quality and low quality in social relations. High quality corresponds to all six dimensions. Basic quality corresponds to having at least the three necessary dimensions availability, mutuality and closeness but not all the six dimensions. Low quality corresponds to all other possible combinations, for example, a combination of openness, belongingness, availability, continuity and closeness. See also table 5.4 and figure 5.1 below.

Table 5.4: The index used for the study of the quality in social relations of old people.

High quality in relations =	6 dimensions
Basic quality in relations =	3-5 dimensions. 3 necessary dimensions are availability, mutuality and closeness
Low quality in relations =	Absence of one or more of those three necessary dimensions.

Categorization of the answers to the other related questions

As mentioned before, each dimension of quality has five questions. The responses of the respondents to question number one in each dimension are categorized "yes" or "no" according to the principle of presence or absence of the possibility of the dimension in question.

For question number two (identity of the person), emotional "closeness" is used to categorize the answers. This principle is extended to a category "non-person" to account for the requirements of the dimension "belongingness". The other categories according to the emotional "closeness" are "family", "relatives", "non-relatives".

The principle used to categorize question number three (the geographical proximity of the persons in each dimension) is based on "geographical proximity". The categories are: No response or no one, shared household, same town, same country and another country. The third category, same country, includes both close and distant towns.

The responses to question number four concerning definition of each dimension are categorized according to different needs. For openness, this means to talk about physical aspects, psychological aspects, relations, daily events, existential matters and in general, talk about anything.

For availability these needs take the form: the respondent has the possibility to reach the "named available person" at his/her home, work, during vacations as well as knows his/her whereabouts and also this person is available in critical situations such as in times of sickness. The knowledge of the whereabouts and the possibility to reach the mentioned available person is a precondition to the availability in critical situations.

For mutuality, responses are categorized into practical help such as shopping, baby-sitting, and maintenance of the house, help in case of worries (psychological help) and taking care of a person in times of sickness (mutual care) and economic help.

The definition of the dimension continuity is of a psychological nature. In this case the different needs mean: common background such as past experiences and memories of old friends, events, school days and knowledge of each other's history and features of the present such as meeting, enjoying each other's company, celebrating birthdays and spending vacations together.

The dimension closeness is by the nature of its definition not only emotional but also physical. However, only the emotional side has been emphasized by the respondents resulting in only one category being applicable. All the respondents talk about confidence, consideration, appreciation, sharing of sorrow and joy, sending postcards and enjoying each other's company in close relations, which are aspects of emotional closeness.

The dimension belongingness is defined as dealing with both places and persons. The responses are categorized as follows: affinity to a particular place like a summer cottage or place of birth, affinity to a particular person like a dead or living relative and a feeling of basic security.

For question number five, the categories are important, not important, no answer and doubtful.

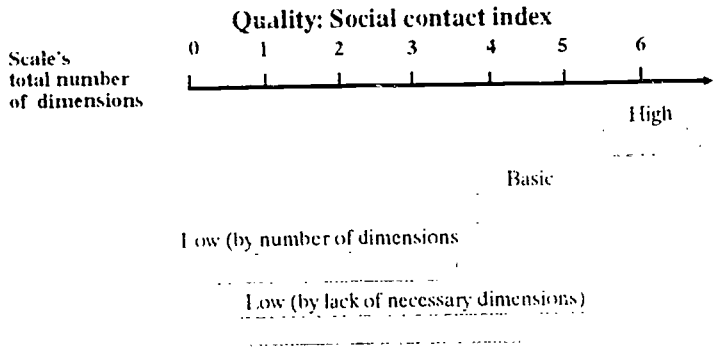

Figure 5.1:Schematic presentation of the index for quality in social relations.

Interview results and validity aspects

The responses of the respondents to the questionnaire dealing with their quality in social relations are presented in appendix 2B.

The validity of a respondent's positive or negative answer to the question about the possibility of a particular dimension is demonstrated by the correspondence between this answer and the answers to the further four questions about this dimension. An example regarding openness is B:

B says that he has an open relation. His affirmative response to the first question in "openness" is followed by responses to four other questions which are as follows:

B's wife (identity of the person, question, 2), lives together with him (proximity of the person, question, 3). Openness means to B, "to talk openly about illnesses, economy, feelings, death, and all that he thinks about" (contents in openness or its definition, question 4). B does not want to speculate on his life without this person (importance of openness, question 5).

Is B consistent in his responses to these five questions? B's open relation is with his wife. The wife living together with him is a logical assumption. Moreover, it is quite reasonable that his response to question four (contents in openness or its definition) reflects his opinion on the contents in openness. His way of answering the last question indicates that his answers are not given carelessly.

Another example: M answers "yes" to the first question about availability in relations. Her answers to the other four questions are that in times of need she calls her son (identity of the person, question 2), who lives in the city of Malmö (proximity of the person, question 3). M can reach her son immediately, and even knows his whereabouts and can call him both at his work and home (contents in availability, question, 4). Her response to question four reflects her opinion on the contents in availability. She called her son when her husband was very sick and died,

for it would be very difficult without him. M gives a concrete example which seems to be very probable.

M answers "yes" to the question of possibility about mutual relation. She shares this relationship with her sister in the city of Malmö. It sounds reasonable that M shares services and help with a person who lives in close geographical proximity. M and her sister share many activities, help each other with laundry, shopping in the case of illness and go out together. She feels it important to share these activities which can be consistent with her view of mutuality.

M answers "no" to the first question about continuity in quality in relations and adds that she had one friend whom she had known since childhood, but she is dead now. This negative answer is given by many other respondents also and it is probable that she does not have any friend, because most of the older people lose their aged friends through death. She experiences, due to some reasons, a break in continuous relation with the loss of this friend. It is true that she has lost someone who has been important to her and it is difficult for her to substitute this loss. Her answer seems to be consistent.

Some other examples: R is a spinster. She answers "yes" to the first question about closeness. This close person is her brother's daughter in Stockholm. It is probable that closeness may exist with persons living in distant places. What does closeness mean to R? It means, they are guests at each other's place. R is very happy for her niece's children. They have parties together in Stockholm and they mean a lot to each other. This response seems to be consistent with the first question.

D's answer to the question, "have you any place where you feel at home?" (i.e. belongingness) is "yes". D feels at home with his ancestors in the city of Gothenburg (Kungly). He feels kinship with them. D is very much involved in researching his roots which very much supports the consistency of these answers.

This shows that there is a certain validity in the material. It is quite unlikely that the responses to the questions have been given by chance. As far as reliability is concerned, I do not know since the aim is not to make

statistical comparisons between the groups, but to point out their characteristics.

Application of the index and the different categories in quality in social relations

The index described above is applied to the answers of the respondent. The distribution over the three categories is shown in tables 5.5 - 5.6.

Table 5.5: Distribution of the respondents over the different categories of quality.

1 High quality	12 persons (7 women and 5 men)
2 Basic quality	18 persons (11 women and 7 men)
3 Low quality	9 persons (7 women and 2 men)

Table 5.6: Overview of the different quality groups.

Group	Number of dimensions	Number of persons		
		Men	Women	
High	6	5	7	= 12
Basic	5	5	9	= 14
	4	2	2	= 4
Low	3	0	2	= 2
	4	0	4	= 4
	5	1	1	= 2
	2	1	0	= 1

Table 5.7: **The different dimensions distributed over the categories of quality.**

		High		Basic		Low	
		M	W	M	W	M	W
Openness	Yes	5	7	7	11	1	5
	No	0	0	0	0	1	2
Availability	Yes	5	7	7	11	1	6
	No	0	0	0	0	1	1
Mutuality	Yes	5	7	7	11	1	4
	No	0	0	0	0	1	3
Continuity	Yes	5	7	5	4	1	3
	No	0	0	2	7	1	4
Closeness	Yes	5	7	7	11	1	5
	No	0	0	0	0	1	2
Belongingness	Yes	5	7	0	6	2	4
	No	0	0	7	5	0	3

The table 5.6 indicates that 12 have high quality. This means they have 6 dimensions in their relations. 5 out of 12 are men and 7 women. They all have social contacts characterized by openness, availability, mutuality, continuity, closeness and consider themselves to belong to some one or to some place.

The table 5.6, indicates that of the 18 persons (11 women and 7 men) that fulfil the condition of the three necessary dimensions in their relations, 14 have five dimensions and 4 have four dimensions. 9 (5 women and 4 men) lack only belongingness and 5 (4 women and 1 man) lack only continuity. Four persons (2 men and 2 women) lack two dimensions but they fulfil the basic condition of 3 necessary dimensions in their relations.

The table 5.6, shows that 2 women have three dimensions, 4 have four dimensions and 1 woman has five dimensions. There is 1 man who has 5 dimensions but he lacks one of the necessary dimensions. Another man has 2 dimensions. All these persons lack at least one of the necessary dimensions required for basic quality.

The number of people in each category with different dimensions is shown in table 5.7.

5.7 Different aspects of self-conception

Questionnaire 3 (appendix 3)

The third questionnaire contains items dealing with self-conception of the individual. In order to measure self-conception, a scale has been prepared based on the definition of self-conception within the study's theoretical frame of reference. As mentioned in the chapter dealing with theoretical discussion, the self is a process which means that the individual is changing through social interaction in different situations. Self is a process but self-concept is an aspect of the self (Lauer & Handel, 1977). The self-concept is the individual's thoughts, feelings and experiences of different aspects of life. It also includes our age-identification, evaluation of health, activities and experiences of present situation.

The questionnaire contains 28 items which deal with an individual's health, appearance, age-identification, social relations, religion, personal resources such as self-confidence, social competence, feeling of loneliness, activities, occupation, household work, etc. Every variable has three parts; the present, past and an evaluation of the variable. These three parts of a variable constitute the three parts of self-conception.

For instance, in the first part of the variable health, the person is asked about the condition of his present health. The answer is rated on a five grade scale from very good to very bad. The second part of the variable deals with the condition of the person's health in the past.

Health Present Do you think your health is	VG	FG	N	FB	VB
Past Did You think your health was	VG	FG	N	FB	VB
To have good health is	VI	FI	N	FU	VU

Figure 5.2:Example of wording in questionnaire 3. (VG = very good, FG = fairly good, N = neither-nor, FB = fairly bad, VB = very bad. VI = very important, FI = fairly important, FU = fairly unimportant, VU = very unimportant.)

The third part takes up the importance of the variable as a whole. Here, I exemplify one variable as shown in figure 5.2. All the 28 variables in this questionnaire follow this pattern.

Self-conception

The aspects (variables) of self selected for investigation are as follows:

- physical aspect
- family aspect
- social aspect
- personal-evaluation
- work role
- leisure role
- existential aspect
- childhood
- personal resources
- political role

A person's concept of each aspect of self is his/her response to a statement/statements included in that particular aspect.

There are studies which have examined self-concept in the elderly and have used different approaches to measure it but these studies are difficult to compare due to differences in sampling and the use of various

measures such as the semantic differential, adjective checklists, or standardized measures (Breytspraak & George, 1979).

A self-concept scale that has provided guidelines and also has clarified my ideas concerning different aspects has been the Tennessee self-concept scale (Fritts, 1965), revised and used at Karolinska institutet in the study of the self-concept of alcoholics (Bergman & Johanneson, 1979). The scale has about 100 statements. There are five outer frames of references. They are physical, moral-ethical, personal, social and family aspects of ego which constitute the whole scale. Three of several other aspects in my study are similar to the above mentioned scale as far as their names are concerned. In Tennessee self-concept scale, there are three inner aspects (inner frame of reference) such as identity, self-acceptance and behaviour. In my study, I have three sub-scales (inner frame of reference) which make one continuous whole. Here the similarity with the Tennessee scale of self-concept ends.

As mentioned before, there are only ten aspects of self. These consist of 28 variables. Each variable has three statements. These are three subscales. Each statement belongs to its subscale. The total number of statements in these three subscales were 86 in the beginning. Four of these statements (3, 7) have been eliminated in the course of its testing. There are now 84 statements having a temporal character. The persons' responses to these statements place them on positions between 1 through 3 to 5. The value of one means the most favourable (VG in figure 5.2) whereas the value 5 means the least favourable attitude (VB in figure 5.2). We may illustrate as shown in table 5.8.

The final version used in this study is a result of modifications, revision, discussion, trials and opinions from colleagues and the aged persons who have been interested in my study. It has been tested on older people both in formal and informal settings. Thus it has built its own validity.

Table 5.8: **The number of aspects of the self and variables in three subscales.**

Three sub scales		Aspects of self	Variables
1	Present	10	28
2	Past	10	28
3	Evaluation	10	28

I present below the names of variables, aspects and serial number of statements in table 5.9. The numbers within brackets in the table denote the serial numbers of questions in the questionnaire, which can be found in appendix 3. Of the 28 variables, 9 are more central from an identity standpoint (cf. p. 57) and have been selected for more detailed discussions below.

Table 5.9: **The names of the variables and the aspects of the self. The more central variables are marked with an asterisk.**

Variable number & name	Statement number	Aspect
1.* Health	(1, 2, 4)	Physical
2.* Appearance	(5, 6, 8)	Physical
3.* subjective age	(9, 10, 11)	Physical
4. Contact with children and grand-	(12, 13, 14)	Family
8. Marriage	(24, 25, 26)	Family
10. Parental role	(30, 31, 32)	Family
5.* Contact with relatives	(15, 16, 17)	Social
6. Contact with siblings	(18, 19, 20)	Social
7.* Contact with friends	(21, 22, 23)	Social
9. Self-evaluation	(27, 28, 29)	Personal evaluation.
11. Profession	(33, 34, 35)	Work role
12. Housekeeping	(36, 37, 38)	Work role
13.* Retirement	(39, 40, 41)	Work role
14. Leisure role	(42, 43, 44)	Leisure role
15. Organized activities associations	(45, 46, 47)	Leisure role
16. Meaning with life	(48, 49, 50)	Existential
17.* Attitude to death	(51, 52, 53)	Existential
18. Attitude to religion	(54, 55, 56)	Existential
19. Contact with parents	(57, 58, 59)	Childhood
20. Childhood memories	(60, 61, 62)	Childhood
21.* Education	(63, 64, 65)	Personal resources
22 Social competence	(66, 67, 68)	Personal resources
23. Self-confidence	(69, 70, 71)	Personal resources
24. Self-reliance	(72, 73, 74)	Personal resources
25. Home help	(75, 76, 77)	Personal resources
27.* Sense of usefulness	(81, 82, 83)	Personal resources
28. Political role	(84, 85, 86)	Political role

6 CHARACTERISTICS OF THE HIGH, BASIC AND LOW QUALITY GROUPS

6.1 INTRODUCTION

In chapter 5 the aged individuals were categorized according to certain criteria in three groups with high, basic and low quality in relations. High quality corresponds to all the six dimensions of quality. Basic quality corresponds to having at least the three necessary dimensions: availability, mutuality and closeness but not all six dimensions. Low quality corresponds to not having the three necessary dimensions of quality. See also table 5.4, p. 86[TKl1] and figure 5.1 on p. 88[TKl2]. In this chapter, I will make a systematic description of the preconditions, social network and self-conception of the investigated people according to their quality group belongingness. At the end of each quality group, one or two individual cases shall be presented. The selection of these particular cases is strategic, i.e. they have been picked on the basis of their quality in relations. This procedure maximizes the chance to pick as many different and possibly conflicting situations as possible (Eneroth, 1984, p. 52). The total number of cases to be presented is four. Two persons (Frida, Ulf) have high quality in relations; one person (Gulli) has basic quality in relations; and one person (Carin) is from the low quality group. The reason for taking up Ulf from high quality group is that Ulf is the only man in the total sample, who is a widower and lives in a single household.

His special position in this group may give us extra information. The names are of course ficticious.

The aim is to illustrate the social network and self-conception of these four persons and also to see their individual life patterns. The order of presentation of the variables in the cases is preconditions, social network and self-conception. The order of case presentation is high, basic and low quality groups.

I will conclude the chapter by a description of the different variables in terms of the characteristics of the groups. The characteristics of the different groups are, of course, dependent on the criteria used for the grouping of the interviewed persons. It should be noted that quality criteria have only been used for the purpose of categorization, but not for the description of the data.

6.2 THE HIGH QUALITY GROUP

Preconditions

This group (5 men and 7 women) of high quality consists mostly of married people. Most men are married while women are either married or spinsters. All those who are married have had a very long marital relationship extending from 11 to 45 years.

Most of the aged in this group report that they have lived here in their localities for many years. They are familiar with people and with the surroundings.

In regards to their education, all levels from the compulsory primary school to an academic education are evenly represented in the group. All have worked for their livelihood, the women mostly with jobs such as home care taker, shop assistant, secretary, worker in a factory, etc. and the men with skilled professions such as architect engineer, railway employee, director, typographer and editor of a newspaper.

Leaving aside a few, most of the respondents have good hearing, good eyesight and even good physical mobility but unfortunately, they suffer

from diseases such as high blood pressure, migraine, cancer, thrombosis for which they regularly take medicines and are under medical control. More women than men report problems with sleep and sometimes take sleeping pills. There is a slight deterioration in short-term memory for a few who report that they sometimes forget names of persons.

All notice changes in their appearance and are conscious of them. These changes are wrinkles, grey hair, wrinkled skin, fatigue, overweight, and baldness. Almost all are inclined either not to think about them, resent them or not to give them any significance at all as long as they are on their feet or accept them as inevitable. All in this group think of death now but not often. Women are more often inclined to discuss death than men.

The daily activities of the people in this group center around routine work such as domestic work, watching television, listening to the radio, going out for a walk, looking after grandchildren, hobbies, reading newspapers, bicycling and sometimes even social visits. During weekends, there is not much change except those who have children get visits or go to their summer cottages. There is a tendency in this group to spend big holidays such as Christmas, Midsummer, and Easter mostly with their children. Those who do not have children spend them with their siblings.

In regards to their activity level, there is a change. Previous activities in most cases have been replaced by new which are possible now. In a few cases, where there is a decline, it is not unsatisfactory and people seem to have adapted to it.
The decline in activity need not affect "morale" (Maddox, 1970, p. 104) and it has not affected the concerned persons in this group. All manage their households on their own without any formal help from the local authorities. Their expectations from life are to have peace in the world, no wars, no high costs, to have welfare for grandchildren, no cuts in the health care services, to stay healthy and not to become like packages. "As a matter of fact, one can't expect much, but one can always hope, otherwise, it seems very dark."

The preconditions of this group seem to be pretty good. Most older people live together with their partners. Living together means less

isolation, companionship, presence of help resources and less dependency on others outside family. Since these married people have lived in long marriage relationships, they are more likely to know each other well and are used to each other's habits (Ström, 1992). Moreover, health does not seem to be a problem if one is under medical supervision and has an informal source of care at home. The partner who is in better health can take care of the other who needs more help. They have good long-term memory which gives continuity to their life and serves as a "bridge" between past and present (Kastenbaum, 1984).

Most of the elderly in this group have faith in God which is their resource and a source of security. Moreover, they are quite conscious of their personal death. Thoughts of death are there but the extent of talking with others varies. Attitudes towards death seem to be culturally determined. To discuss death is not common in society. That may be the reason why they do not talk about it or that they even deny it. The aged in this group seem to be afraid that there may be deterioration in the state provided health care. They expect good health care services and no cuts since these are going to be very fundamental to them in the future.

The social network and self-conception

Most of these people have children, and at least one child lives within close geographical proximity to his/her parents.

The contact frequency between older people and their adult children varies from daily personal contact to a few times a week with at least one of their children. The contacts have been stable over these years. There are a few aged parents who wish for more contact with their daughters if they live in other distant towns in Sweden. Otherwise they are very much satisfied.

Besides contact with their children, they keep in touch with one of their siblings more or less regularly every week per telephone and seem to be satisfied with their contacts. The comments on contacts are:

> *"I had three sisters, two of them are dead. My third sister lives in the city of Malmö. We have weekly telephone contact. The contact is stable. There is no wish for more contact." (Woman, 18.)*

The usual forms of contacts with cousins, sister-in-laws, distant relatives are, according to this group, through telephone and letters. Almost half of the group makes contact with relatives once a year at the time of birthdays, while the other half makes contact more often than once a year. There is a hope in this group that the present contact should continue:

> *"I have my sister-in-law and brother-in-law. We call each other occasionally, sometimes months pass away. They are quite old. In spite of this we can stick together." (Man, 01.)*

> *"I have my cousins in Västergötland, we write each other 5-6 times a year. We meet very rarely. Hope this contact continues. It means a lot to me." (Man, 02.)*

This group has access to an active friendship network, mainly in the same town. The contacts with it are daily to a couple of times per month. There are a few persons, who state that they do not have contact with their friends, but would like to meet them. Barriers such as geographical distance hinder them from keeping these contacts.

In this group, the older people's contact with neighbours varies. There are few aged people who have frequent and regular contact with their neighbours. They visit them and chat over a cup of coffee. There are a few others who avoid their neighbours. They report that they either have no need for such contact or keep distance from them. They meet them on the staircase or in the garage. Here is a comment:

> *"We have a neighbour in the same building. As a matter of fact, we do not encourage a relationship with them. We have friends but we meet our neighbours daily on the stairs, in the garage and out in the backyard." (Man, 10.)*

This indicates that this person keeps a distance from his neighbours, draws limits and specifies areas where these meetings take place. What he wants to emphasize is that he does not socialize with them.

In their social network, they have confidants with whom they talk openly about their worries, health, their broodings, personal relations,

death, religion, problems and other daily small talk such as purchases, or the weather, etc. Confidants are mostly from one's own family.

They state that their social network is available in times of need. Mostly, persons who support them are their children, friends, neighbours, and siblings. Those who are married and have children report that they contact first of all their children, call them at home, at their work and even during holidays. Those who do not have children have their siblings available. Availability means support in times of need and that the aged people know their whereabouts and can reach them is very practical. Change in one's life situation can affect availability of support in times of need. There is a widower. He has no children and has recently lost his wife. His situation impels him to turn to his relatives in times of need, which he does not like. He comments:

> *"If I get sick, I contact my relatives. They help me to contact my doctor. It is not good, it can be very problematic" (Man, 01.)*

It seems that there has been no deep relation with the relatives before. They are approached since he has no one else to help him. In such relationships, availability of people may be because of obligation and not of personal sentiments. This may be the reason that he does not like calling them for help.

There is an exchange of help and services in this group's social network. The persons who give and take help are in close geographical proximity.

The form of exchange is different. It may mean baby-sitting, practical help, cleaning, buying medicines in case of illness, cutting grass in the lawn or taking care of each other in times of need. This help in most cases flows in both directions. The aged mother mentions this exchange with her daughter as follows:

"My daughter works, I bake bread, baby-sit, help out with the beetroots, the garden, make fruit-syrup. My daughter helps me, she takes me around in her car, does cleaning in case I am sick, drives us to relatives and does the shopping." (Woman, 25.)

She takes care of the household work and thus relieves her daughter in her work load. Her daughter reciprocates by giving the help which is needed by her mother. Mutuality may take another form but it is still conceived as mutual:

> *"My wife always helps me and due to my handicaps, she does everything." (Man, 02.)*

Even though his wife is the one who gives help and it does not look like an exchange but the receiver regards it as mutual. There is still another form of exchange. The exchange of the widower is as follows:

> *"I help my sister-in-law with her house and garden in spring and in the summer, I visit them and cut their grass in the lawn. They help me if I get confused, they come and take care of me." (Man, 01.)*

The exchange may not be the same and even the timing for giving back what one has received may be different. But the partners know well the identity of the person/persons with whom this exchange shall take place.

The continuity in social network is shared with old friends who are a link to each other's past. Geographically, these friends of the old people live both in the city of Malmö and in other cities in Sweden. Many in this group consider long-lasting relations as a source of security.

Here is a comment on the meaning of continuity:

> *"I have a friend in a village nearby, we went to school together, we took the same course...talk about old times, talk about those who are gone...this is part of life. It will be a great loss if I lost her." (Woman, 25.)*

In this case, her long lasting relation is with a friend from childhood. One trusts the other. The persons carry each other's history. They know each other well and thus can open themselves. Time does not bring any discontinuity in their relationships. One shares with these friends a common background such as old memories of persons who are dead now and their favourite places.

The emotionally near persons are from one's family network. They are mostly one's spouses, adult children, grandchildren, and in certain cases even siblings who live in geographical proximity. There is a pattern in this group that in the case of being unmarried and without children, the emotionally close are one's siblings or siblings' children.

Closeness is to care for each other and communicate sorrow and joy. Moreover, one gives surprises by visits, phone calls, letters. One likes the other's company. Let us see the contents in closeness through these comments:

> *"My sister's son travels a lot. He always sends a picture postcard and comes to visit us. We meet. It is enough with a short telephone call. We feel like a family. I do not want to lose him." (Woman, 25.)*

Closeness means here to think of each other even when one is away. It does not necessarily mean long or frequent visits. Contents in closeness seem to be different depending on the nature of relation.

> *"A daily contact means a lot. To have somebody to share daily life with, both joy and sorrow, and see that my wife is happy means a lot to me." (Man, 02.)*

Here closeness means to share one's daily life and think of each other's happiness. This type of closeness requires geographical proximity.

These elderly persons feel at home with certain persons and at certain places. Men feel rooted to places such as summer cottages and childhood home towns while women feel at home with their friends, siblings and children. These places and persons are geographically scattered.

Belongingness has something to do with a particular place and atmosphere, which gives a feeling of warm reception, recognition, identification and also a feeling of being needed. In such an atmosphere they feel freedom to do what they are used to do at home. The persons wish.

The above description of preconditions and social network shows that most of the persons in this group have diseases, notice changes in

their bodies and appearances, but these changes do not affect much their personal physical identity. In spite of the diseases, they regard themselves rather healthy. There are small changes in their conception of their appearances and age but it is still positive. Due to health reasons, the nature of activities and the focus of relationships has changed but there is no disengagement from activities or relations. They have emotionally and socially satisfying relations with persons in their social network which are stable. There are no disruptions in their friendships. Old friends still are there to validate and strengthen each other's identity. Even contact with relatives is maintained and it is stable. Most of them feel useful. This continuity and quality in the social world may be one of several reasons that their social image is positive. As regards education, all stress that an adequate education is important and their own education now is insufficient since it is not valued in the modern society.

Their attitude to death is rather negative. There is a slight change but still it is negative. Death means discontinuity of one's identity which is not acceptable to this group. In this group, some welcome retirement while others do not, which may depend on personal needs and values.

I summarize that these people have good preconditions of life. They have quantity and quality in social network. The family ties are close and deep. They are socially integrated and satisfied. They are neither socially nor emotionally lonely. Undoubtedly, there are small changes in life, but these people do not see themselves derogatively. Their self-perceptions remain relatively unchanged. These people have care resources in informal social network.

Frida

Frida had a happy childhood. Her father was a farmer. The family was neither rich nor poor. Her parents worked hard and had plenty to eat. She went to a primary school. Later on, she worked part-time as a home caretaker at a home for old people. Gradually, she married and started her own family.

Frida has been married for 40 years and shares a household with her husband. She and her husband get on well together and help each

other. Her income has not changed much after her retirement. Although she has not much money, she still is satisfied with her economy.

Frida's eyesight and hearing are good but she has a physical disability which restricts her movements slightly. She has rheumatic pains as well as high blood pressure. Frida also has slight problems with her sleep. She sometimes takes sleeping pills. Her long-term memory and short-term memory are good but sometimes it happens that she forgets appointments.

Frida is still very much affected by her brother's death by drowning in 1939 and the death of her parents. She often thinks about them. She has faith in God, she prays and her prayers are answered. She thinks often of death and talks about it with her husband as well as with her friends. She would like to die in the hospital.

She reads and does a lot of handiwork. If the weather is good, she visits the sick in the hospital through the church's service for the sick and old. She baby-sits for her grandchildren. She wants to do physical activity (gymnastics) and weaving but she is unable to do these because of the pain in her arms. She is more involved in church activities now than before since she has more time now. Her activities in general have increased now. She understands her own old age better than she did before. Her expectations from life are: "Sound health, better medical care and services and no economic cuts in the medical sector."

Frida has a source of help, care and companionship at home by living together with her husband. She has problems with health but instead of complaining, she tries to emphasize that which is positive such as her good contact with her doctor. In spite of her poor health, there is an increase in her activities which shows that it is not the state of her health but her will and empathic nature which determines the level of her activities.

She has not gone through many changes since her retirement. As far as income is concerned, it is not much but still she seems to be satisfied. She has learnt to manage with little, probably in her family. She has lost significant persons which has affected her deeply in a way that she

has become conscious of the mortal nature of human life and inevitability of death. It may have given her realization of personal death.

Frida believes in God which also means a personal relation implying faith which gives her "a certainty, confidence and hope" (Eriksson, 1987, p. 87). It is this faith which seems to liberate her from self-centeredness (Reichman, 1985, p. 53). She prays to God and, according to her belief, he takes care of her, listens to her and is a great source of security. Her prayers are positively answered which further strengthens her faith in herself. Symbolically, it means that she is important and loved. Frida has one daughter living in Malmö. They talk on the telephone and also meet daily. She is satisfied with this contact with her daughter. She has two siblings, one brother and one sister. They live in the neighbouring towns. Frida calls them on the telephone every week. There is a slight decrease in her contact with them because of Frida's age. She can't travel. In spite of a decrease in contact, Frida is satisfied.

Besides her siblings, she has cousins and siblings' children in Malmö. She has yearly contact with them. She does not wish for more contact than she has now: "Many are dead now, otherwise the contact is the same as it was before."

Frida has a friend in her social network, who lives in the neighbourhood of Malmö. She talks with her daily. This contact has been stable. It is sufficient for her. Moreover, she has regular contact with a neighbour in the same building. She meets her daily and is satisfied with this contact.

She has different photographs of her own parents, of her mother-in-law and of her grandchildren. About the photographs she comments: "They are dead but I believe they are still alive."

Frida's social network consists of her spouse, a married and only daughter, two siblings, one male and one female, a few relatives, friends and neighbours. Most of them live in the same city. The active parts of the network in terms of frequency in contacts are spouse-, child-, neighbour- and friendship networks. Leaving aside her husband who lives together with her, Frida has daily contact with her daughter, neighbour and her friend. But her interaction with siblings-network is not as frequent as with

others. She has contact with relatives but not often. She even keeps contact with her dead relatives through photographs and thus keeps them alive and does not feel the pain of separation. Frida's social network is stable and it is personally satisfying to her.

Frida does not seem to be socially isolated but rather socially integrated which implies that she has access to a functional network through which her social identity and personal worth can be confirmed.

This social network is even characterized by high quality: Frida has a friend with whom she talks openly. With this friend, she talks about her family, her feelings, about economy and almost about everything that happens. Without her, it will be very empty to her.

Frida has a friend in the same building. She can always reach her, can even phone her in the middle of the night in case something happens. They (she and her husband) let her know when they go away. She feels secure having somebody to turn to.

Frida reports that she exchanges help of all sorts with her daughter who works. Frida bakes bread, baby-sits, helps out with the beetroots, the garden, makes fruit-syrup. Her daughter helps her too, she takes her around in her car, does cleaning in case she is sick, drives them to relatives and does the shopping.

Frida has a long-lasting relation with an old friend who lives in the village not far away from Malmö. They went to school together. They took the same course, they talk about old times, talk about those who are dead. It would be a great loss if she lost her.

Who is close to Frida? Frida has her husband, daughter and her sister's son who are very close to her. Her sister's son lives in Helsinki. He always sends a picture postcard and visits them. They get together, call each other by telephone, send picture postcards. They feel like a family. She doesn't want to lose him. She adds that it would be very lonely without them.

Frida feels at home with her friends who live in the village nearby. She recognizes everything when she visits her place of birth. She has all

memories and particularly the place of confirmation. She wants to be buried in this village. She belongs to those who live there, not Malmö though she has lived here many years. She feels free. She feels at home in her village. One's place of birth becomes important. She would feel very empty without this place and her friends.

Frida relates herself differently in different relations. When she wants to pour her heart, she turns to her friendship network. The same network is available at any time. It seems that Frida's relationship with her friends is built on mutual consensus, liking and trust which gives security in urgent situations.

Frida's relation with her daughter is not one-sided. She helps her daughter with different things. The help flows from both sides but not immediately. Her daughter gives back help when it is needed. This help is more of practical nature. This type of help is "delayed reciprocity" (Sahlin, 1965) which seems to exist in her relations. It shows that an exchange need not be the same and it does not have to be given back immediately. But such exchange is possible if both the giver and taker live in geographical proximity.

Such reciprocity is a sign of interdependence of parent-child generations (Sussman & Burchinal, 1962b). To help her daughter makes her feel useful since she has more time than her daughter who has a job and also small children. Moreover, it strengthens her identity of being both a giver and recipient of help. She gets recognition for her skills.

Frida has an old friend. With her she shares her old memories of school days (her childhood), of old times, about persons they knew and even those who are dead. This friend seems to be the link with her past and a part of Frida's history. Together, they go back in time and talk about things they have done and the people they have met. This contact and talking about old times gives her strength and also reminds her of her achievements which she forgets sometimes. With such friends, interaction in old age can serve the function of "summing up" and reviewing one's life and this can give security in oneself (Kastenbaum, 1984). What are Frida's self-conception in the face of changes and objective conditions of her life?

ges do not affect her physical identity which is still good. She feels herself a little younger than her age and also physically attractive. There has been no change in her conception of this attribute with time. Her relations to friends and relatives are also good. She feels very appreciated by them. Frida thinks that it is important to be appreciated by those whom one likes.

Frida's attitude towards retirement has changed. It was negative before but now she is glad that she is retired and has time to do the things she would like to do. Adjustment requires self-confidence which she has. This may be the reason that she has always felt useful which she does even now.

Frida wants to live. Her attitude towards death was negative and is still very negative though a positive attitude to death is very important to her.

Frida's description indicates that there are changes in her life. They don't bring any change in her physical identity. Maybe, Frida has a well-knit social network and is involved in persons both within and outside her family which seem to shield her against changes in life and even against negative self-evaluations. This explanation seems to be in line with symbolic interactionist theory.

Frida has lost important persons in her life and often talks about death with her husband as well as with her friends. But she is not prepared to die. Fear of death is the human being's suffering. This fear of death is seen as a form of separation anxiety. It is expressed in our fear of the unknown, which expresses itself as our need for continuity (Beckmann & Olesen, 1988). I may assume that discontinuity of self as well as separation from one's close persons makes it difficult for Frida to accept death. Frida has her family. To leave them would be unacceptable to her.

Frida's primary network is active and supportive. It exists in close proximity which is very practical. Her network has the resources to provide support and help in case she needs. She is neither disengaged nor much engaged in formal activities but she is very much involved both in her family as well as people outside. Her life is unique for her. Her

self-conception have not changed with time. She certainly makes sense of her life and tries to engage in those things which suit her personal identity. Helping the needy is such task.

Ulf

Ulf was born and brought up in a small town in the neighbourhood of the city of Malmö. Ulf's father worked in a ship building industry and his mother was a housewife. He had a very good contact with his mother and maternal grandmother who lived quite near them. Ulf has a technical education and was employed by the Swedish railways. He places himself in social class two but this group identity has not any importance to him.

Ulf is living in a rented apartment in the center of the city of Malmö. It is sunny and well planned. There is no elevator in the house. It is not built for handicapped people. He emphasizes that he has all the amenities that he needs. He has lived there for many years and likes the area very much. In this locality, there is access to all the required services such as bank, post office, food store at a walking distance which is practical. But the apartment is very expensive and he would like to move to a smaller apartment.

Ulf has recently lost his wife and lives alone now. He does not want to live together with anyone but adds that sometimes, it would be pleasant to have somebody at home but it does not matter as long as he is healthy. He can ultimately think of living together with his relatives.

Ulf's hearing and eyesight are good. He can move about without any problem. He does not suffer from any disease. He visits his physician once or twice a year for the check-up of his eyesight and for his general health control. He sleeps soundly without any sleeping pills. The problem which bothers Ulf a lot is his memory, both long-term and short-term which have deteriorated after the shock of his wife's death. Sometimes, he becomes completely confused. He comments:

> *"I have problems with my memory. If I get a message about something or an appointment for a meeting, I forget it already after an hour."*.

He has not noticed any special changes in his physical appearance with age. Actually, these changes do not bother him at all. He adds that he is not young any longer. He has to accept this. He had both ups and downs in life but he looks positively at life. The forty years which he spent with his work mates have meant a lot to him. He never planned anything for his future when he was young. Life turned out the way it had to.

He believes in God and even prays sometimes but his prayers are not answered. Sometimes, he thinks of death but does not discuss it with anyone. He has neither made any plans for his funeral nor has written his will. Whether he takes his last breath at home or at hospital has no significance to him.

What does his day look like? He gets up, drinks coffee, reads the newspaper and goes out. He eats lunch in a service home for the aged and sometimes at a friend's house. If the weather is good, he rides his bicycle. He watches television in the evenings. His weekends are the same as other weekdays. During special holidays, he spends time with his relatives. They always take care of him. When together with others, he discusses one thing or the other, they talk mostly about families.

His activities have changed during last few years. He is not involved in them because of tiredness. Previously he was the leader of the sport club for the youth, which took all his free time. He used to have coaching classes every Sunday. It was nice and fun to be there. Now, he has pleasant memories of that time, especially of his friends.

His expectations now are to be healthy and remain physically fit. Moreover he expects things to work well for the country of Sweden. About his conception of old age, he points out that it is very individual. One does not have to be old because one is retired.

Ulf's description indicates that he has lost his wife which has affected both his household composition and his daily practical life. He is now living alone which he has not accepted completely. Ulf seems to be ambivalent. As a matter of fact, he does not want to live with anyone but at the same time he would like to have someone at home because of his

deteriorated memory. Sometimes, he wishes to move together with his relatives but he is not sure.

Health seems to be a primary condition for the household structure. Ulf does not suffer from any disease. What bothers him most is his memory after his wife's death. Research indicate that the loss of one's companion is the hardest situation to cope with. One needs all one's resources and a long time to go through sorrow and mourning in order to build up a new identity (Grimby, 1992). It is common that one becomes confused and forgets very simple things. Research points out that men more often do not express their emotions which means that their grief is never worked out. Thus recovery is never attained or it is hindered (Lindsay, 1983). It seems that Ulf was not psychologically prepared for this situation which has made him confused. Ulf has been deprived of a person who looked after their house, made food and was a companion. Now all of a sudden, he must make food for himself and do other practical house chores which he is not used to. Ulf tries to solve this situation by eating at the service house or with his friends. It seems that memories of his previous activities are very important to him. I wonder what would happen when his memory is failing him!

What does his social network look like?

Ulf has no children but he has two male siblings now. He talks with his brothers on the phone once a week and also visits them. He had more contact with them before than now. He does not desire more contact than he has now.

He has his brother-in-law (wife's brother) and a sister-in-law (brother-in-law's wife) in the city of Malmö. His contact with his brother-in-law is occasional but regular with his sister-in-law every fortnight. This contact is stable but he wants more contact with them now. He has friends in Malmö. He meets them every fortnight. This contact is stable and also enough for him. He meets his neighbours in the staircase, greets them and talks a little. This contact has been the same for all these years. He does not want more contact with his neighbours than he has now.

His social network consists of his brothers, their families, a few relatives and friends. He has no children. The change in marital status has affected him in several ways. Actually, there is no change in his frequency in contacts with others but it is the change in personal situation which makes him wish for more from his relatives. He has no one to talk to at home. He must eat alone if he chooses to eat at home. There is no one in his household who can give care when he becomes sick. Besides, it has deprived him of a long-lasting companionship and intimacy which are shared by married partners. A person's primary network is very vulnerable to changes. The vulnerability of this network shows clearly in case one is impelled to substitute one's losses through recruitment from one's extended network (Hammer, 1983). Ulf seems to seek substitutions and compensations in his relatives' network, but it is difficult to substitute one's spouse as a caretaker, a person who is a source of emotional support and also a relation which is built on trust, closeness and solidarity (Perlin et al., 1981). What is the quality in her social network? Ulf talks openly to his siblings, for instance, when his wife died, he could talk openly of his sorrow to his brothers. In case of emergency, he turns to his siblings. All his siblings live in the same city. He exchanges help with his relatives. But he adds, that it is difficult. Ulf shares his old memories with his old friends with whom he feels a sense of belonging. But Ulf's brothers are emotionally close to him. Since Ulf has no children, his siblings have become important to him. Siblings seem to be important to those who are alone (Shanas et al., 1968; Teeland, 1978). Ulf's friends are a link to his past and he shares common interests and experiences with them, but these friends are not emotionally close to Ulf. Researchers point out that men more often than women have few friends outside marriage and their friendships are not characterized by the closeness of married partners and between women (Lundin, 1982). Thus, relatives have different functions than friends. Ulf has friends but siblings have become more important to him. What is his self-conception? Ulf reports that he looks neither younger nor older than his age and this opinion is stable. He has good relations with his relatives and friends. In his occupational role, he was much appreciated for what he did but in spite of that he looked forward to retirement which

he welcomes very much now. He has adapted to his retiree role and has succeeded to restructure his time. He feels himself rather useful.

His life has always been very meaningful and it is even now too. It has a great significance for him. What he does not accept is death. He thinks about it but does not discuss with anyone. As a matter of fact, he did not regard his education adequate but now his attitude has changed. But it is important to have adequate education.

The description of Ulf's life shows that Ulf has both frequency as well as quality in his social network. Unfortunately, the loss of an important relationship has disrupted the continuity of a life style to which he has been used to and has also deprived him of an important role which has been the source of help and care. His mental health is shaky. What makes him dissatisfied with his situation is his fear of dependency in the future. To Ulf, his occupation and colleagues have been very important. Most probably, these friends are a source of his self-definitions. As long as he has access to memory, he has also those experiences and friends who are the basis of his identity but in case of its loss, he looses the key to his past life.

In spite of his having an access to friendship networks, Ulf is in the risk group. He is the one who is going to need formal care. He is not socially disengaged but he seems to feel that he may be forced to disengage due to his psychological problems.

6.3 THE BASIC QUALITY GROUP

Preconditions

This group of basic quality consists of 18 people (11 women and 7 men). All men are married while all women are either widowed, divorced, or married. Men live together with their partners. Only women live alone. There has been a change in marital status only for women, who, due to deaths of their partners have gone through sorrow, and separation which

has been a painful process. Most of them have lived in the city many years and are well familiar with the residential environment.

The dominant level of schooling is primary school. Most of the women do not have much education. All in this group had paid jobs and they worked hard for their livings. The jobs were unqualified which did not require much formal education or training. Only a few men had somewhat more qualified jobs than women. Retirement has not brought about much deterioration in economy. On the contrary, it has mostly been to the advantage of women.

Women seem to have better physical resources than men who have problems with health. The sickly men and women suffer either from high blood pressure, cancer or goitre (Swedish: "giftstruma"). Visiting and consulting their physicians for one thing or another is common in this group.

Long-term memory seems to be much better than short-term which has deteriorated for a few who are worried about their forgetfulness. All notice changes in their appearances and bodies. These changes are wrinkles, grey hair, weight gain and problems when walking fast. However, they seem to accept them.

People think about death but not often. Death is mostly discussed with one's family. Most of them have not made any arrangements for their funerals. In regards to their wish for place of death, both men and women would like to take their last breath at home which means security and social context.

Faith varies in this group. Some believe in God while others do not. Those who pray report that their prayers are heard. No one in this group gets help from the municipality which means that those who need help and care get it through their informal network such as their spouse, children, or siblings.

Almost all older people in this group state that they are active in one thing or another. Mostly, when alone, they read, do puzzles, crossword games and watch television. Men mostly play cards, golf, bowl, and discuss daily happenings in life. Even walking in the forest is quite com-

mon. There are persons in this group whose previous activities were travelling, skiing and fishing but they are changed now.

The sickness of one partner in the family seems to affect the nature of activities and even the social life of the healthy partner. Some want to travel but can't either because of health problems or their partners' lack of interest. The nature of activities is likely to depend on one's interests, physical resources and family circumstances. What they expect most from life is to remain healthy.

This description indicates that most women live alone and have been deprived of their roll as spouse either through death or divorce. For men, the source of help, care, and companionship exists at home, something which is lacking for women. Moreover, the change in marital status for women has implied working through personal sorrow and separation and also "reconstruction" of their self-conception. They have been forced to adjust to trying situations which require inner resources and also a lengthy passage of time to go through sorrow in order to build up a new identity (Ström, 1992). They seem to have adapted to their situation and are engaged in their children and grandchildren. The families of their children have become the focus of their activities

The socia. :etwork and self-conception

The social network for the basic quality group consists of their spouses, adult children, grandchildren, siblings, relatives, friends and neighbours.

Most of the aged in this group have children. At least one child lives in close geographical proximity. The frequency of contacts between generations varies from daily telephone contact to a weekly personal meeting. An older parent describes her contacts with children as follows:

> *"We have two children, one of them visits us every week and we call the other child every day." (Woman, 19.)*

Visiting seems to be easy for children while telephoning is easy for parents. The parents do not have to plan and make arrangements when they want to make a telephone call. Living nearby seems to play an important role for frequency of contacts. Moving away makes it difficult to continue the contact since the basic conditions have changed.

Almost all in this group have siblings and have geographical proximity to at least one of their siblings. The contact with siblings is weekly to monthly by telephone. For the widows, frequency in personal visits and telephone contacts has increased. They have more time now at their disposal in comparison to previous years.

> *"I have a brother and sister in the city of Malmö. We phone each other daily. The contact has increased since she became a widow." (Woman, 08.)*

Compared to women, men do not have much contact with their siblings and would very much like to have more contact with them than they have now. The reasons for less frequent or even loss of contact are death of the sibling, distance or one sided need for contact. This may be illustrated through the following male voices:

> *"I wish I had. My brother died recently." (Man, 14)*

> *"I have a sister in Stockholm. We meet on birthdays. I would like to meet her more often." (Man, 09.)*

> *"Yes, it happens sometimes. We do not call each other often, but we meet on birthdays. There has been no change in this contact. It is bad from my brother's side." (Man, 03.)*

These comments indicate a need for more contact than they have now. As a matter of fact, there is no change in contact except in the first case where the person has lost his sibling through death. Maybe the desire for contact is due to an increased need for siblings with age. It is possible that the aged persons seek reengagements in their siblings when their children are occupied in their own families.

More females than males have a personal or telephone contact as often as once a month with their relatives. However, most men have a

yearly contact. Only women express a desire for more contacts with their relatives.

These persons have even access to a friendship network in the city. The contact with friends has decreased for women and has increased for men. Let us see how the respondent commented:

> *"I do not have much contact with my friends. Some of them have moved away and others are dead." (Woman, 11.)*

An increase in contact with friends for men in the basic quality is reported as follows:

> *"I have a friend in the city of Malmö, we meet every week. Our contact has increased." (Man, 07.)*

> *"I meet my friend in Malmö every week and our contact has increased." (Man, 09.)*

It seems that men maintain contacts with friends continuously, with an increase in contacts after retirement. The contact with neighbour networks varies in this group. Some state that they socialize with them while others do not. The usual pattern is staircase contact with neighbours. People greet each other when they happen to meet in the staircase or outside. This contact, though irregular, is still important. The aged have their conceptions of where and how one should contact neighbours:

> *"We have our neighbour next door, greet him sometimes but nothing more, meet some neighbour once in a while." (Man, 05.)*

There are a few who desire more or better contact with their neighbours:

> *"I had a contact with a neighbour who lives on the same street, it has deteriorated. I wish for good contact with my neighbours." (Woman, 07.)*

In this case there was once a positive experience of contact with neighbours which has changed for the worse. She wants to improve relations with them.

What is the quality in this group's social network? The aged persons in this group have access to confidants within their families and live in close geographical proximity to them. They share with these confidants secrets, talk openly about personal worries, personal relations, inner thoughts, feelings and about various problems such as children, etc.

Let us see what openness looks like. A married person, who has children comments on his open relation:

> *"I talk openly to my friends about problems and worries, for instance, before retirement I could talk with my friend if there were difficulties and conflicts with my wife at home." (Man, 05.)*

This man chooses to talk to his friends rather than to his children. Perhaps his wife has better emotional contact with their children than he has. A married woman states that she confides in her children:

> *"I talk to them about everything, about illnesses, her life together with her husband, and about economy. Without them, life would be empty and terrible to her." (Woman, 19.)*

The people in this group have the possibility to approach the members of their family, who live in close geographical proximity and are available in difficult situations. To be able to reach someone means that they get support in situations such as sickness and other crises, they can reach them (the available persons) at any time and they know their whereabouts. Here is a comment of an aged woman:

> *"My children live in the same town and in the same building. I called them, for example, when I got dizzy and my daughter came and helped me." (Woman, 19.)*

Those who are without children approach their friends when in need.

> *"I have a friend who lives around the corner whom I can call whenever I want." (Man, 08.)*

It means that living in close geographical proximity makes support available easier. It is practical. To be available to each other means that one has a good relationship.

The older people exchange services with different persons. Besides one's family, only men mention that they give and take help from people outside family, who live either in the same building, the same neighbourhood or in the same town. This exchange is help with household duties, cutting grass, baby-sitting or helping grandchildren, repairing cars and houses when it is needed, help with garden, repairs, fixing the wallpaper for each other. For women, it is help with housekeeping and looking after their grandchildren. Economic help is also exchanged. To give and receive help is very important to all in this group.

What is exchanged is determined by the needs of the persons. The aged have plenty of time. They can relieve their children in stressing situations and even help them financially since the younger generations need money to settle down. The adult children help their aged parents with those things which they do not manage by themselves. The form of exchange does not have to be the same. Most important is that the receiver gets help in times of need.

Most older people lack long-lasting friends. Those who still have old friends, they share with them memories of people they have met and places they have experienced together. They sometimes celebrate birthdays, help each other and travel together. They know each other's history and each other's weak and strong points. According to old people, talking about old times becomes easy since one knows context and personal background. One enjoys the other's company and feels secure. Here is a comment:

> *"Even if one lives far away from the other, one can always make contact. It feels as if one met yesterday...one has followed each other's development." (Man, 05.)*

The most important characteristic of such relationships is basic security which is very important to most of these persons. Those who do not have old friends miss them.

The aged persons have emotional closeness primarily with the members of their own family such as their adult children, grandchildren and siblings. All these close persons live in the city of Malmö. Closeness encompasses care for each other, sharing worries, remembering birthdays, giving presents to make each other happy, sharing sorrow and joy and being together.

Closeness takes the following forms for persons in this group:

"I can show my feelings of sorrow and joy. I care a lot about my family. They mean a lot to me. I would miss them." (Woman, 07.)

"We talk about what has happened and what we are planning. For example, my son told me that he intends to buy a white blazer. He cares a lot for me. He remembers my birthday." (Woman, 21.)

As the comments show, one can talk about what happens in daily life, or about one's plans or the purchases one is going to make. One wants to make another happy by remembering birthdays, etc. Closeness in network is very important to all in this group.

Most older people in this group lack a sense of belonging in social network. There are a few who feel rooted at their own homes, their children's, grand-parents' and to some extent at their siblings' homes. The persons wish to be buried there. Here is a comment:

"I feel immediately when I enter that they like me. It is how they receive me, the very atmosphere when I come in is receptive and it gives a natural feeling." (Woman, 12.)

It is a feeling of being a part of something or some person which makes one feel accepted and loved for the person one is. To feel rooted to places and persons is important to many in this group.

The above description of preconditions and social networks shows that many women in this group are divorced or widowed and therefore have experienced reduction in their roles through losses. There seems to be an awareness of changes in their body, appearance and in social network. These changes do affect their physical identity, but very little. They still consider their health relatively good but it was even better

before. There is a slight tendency to view oneself as rather less attractive now than before but they feel themselves rather younger than they are. They feel themselves appreciated both by friends and relatives. Maybe there are no expectations. As a matter of fact, the contact with friends has decreased for women but it does not seem to affect their identity as friends. It is possible that these women have not been involved in their friends.

The old people in this group are engaged in their social networks, particularly their children's, but still they feel less useful now than before. Maybe they do not feel loved and appreciated for being the persons they are. There are small changes in attitudes towards retirement, education and death but the group does not present a pattern in any of these aspects of self-conception. But, to have positive attitudes towards retirement, death and to have adequate education are important to this group. It seems to me that changes or stability in one's self-experiences are most probably a function of personal needs, and the way these fit into one's frame of reference.

I summarize that the preconditions of this group are relatively good. The aged have access to both quantity and quality in the social network. The family relations are functional. The group on the whole is relatively socially integrated and family oriented. The aged women are the providers of help, care and service to their children. This group does not support the disengagement theory since loss of activity in one role is compensated through more involvement in another activity. There are small changes in some individuals' personal perceptions and especially in their feeling of being less useful now than before which may be due to several factors. It is possible that these people estimate themselves in relation to what they have accomplished or have failed to accomplish or they compare themselves with others and find themselves less useful. Self-evaluations seem to depend on the personal implications of the changes in one's life.

Gulli

Gulli's father was a farmer and mother a housewife. She was brought up in the countryside in Sweden. She had a very happy childhood. Her

contact with her mother was more open than with her father although her mother was punitive. She was very much attached to her maternal grandparents and grandfather on father's side. She was loved by both her parents. Her paternal grandfather was taken care of by her family. She worked as a nurse. She describes herself as open and having a sense of humour. She places herself in social group three.

Gulli has never been married. She lives together with her sisters in a house which they bought about thirty years ago. It is centrally located. She has access to all the services; the food store, post office, bank, bus station are all within a walking distance from her house. The area is very calm and quite. There are no problems regarding this area. She is satisfied with the surroundings. There are only advantages of living here. She states that this arrangement of sharing a household with her sisters is very good under the present circumstances. They help each other and enjoy to be together. She adds: "It is better to be together in a house than to live alone in an apartment."

She is retired and has her pension. Her income after retirement has not any negative consequences for her. She is not restricted in buying or doing things because of economical reasons.

Gulli has neither sensory impairments nor any disease. She sleeps well without any sleeping pills. Her long-term and short-term memory are relatively good but she notices changes in her appearance. She has shrunken a bit, has got more wrinkles and has put on weight. She accepts these changes. In her life, she has gone through both ups and downs but she adds that there has been more ups than down. She had planned to become a nurse which has materialized. On the whole, she is satisfied with her life.

She is not religious. She sometimes thinks about death and discusses it with her sisters. She has neither made plans for her funeral nor she has written her will. She would like to die in the hospital.

What does her day look like?

She helps her sisters to take care of the household, stitches clothes, reads, and takes walk. While in the company of others, they discuss different subjects and try to have it as pleasant as possible. In youth she took part in sports but now she is not engaged in any activities. She expects peace and freedom in the world. According to her, old age does not depend on age, rather on vitality and how the persons think and feel. There are many 50-year-old who are really old.

Gulli has never married for personal reasons and now lives in a sisters' collective. By this arrangement, she has insured herself against being lonely in life. Such a household composition is most likely built on similar values, common background and emotional attachments. She has good health and can manage on her own which has practical consequences for her daily life. She is a source of support in the family and her relation with her sisters is reciprocal. Her memory is relatively good. She notices a few changes in her appearance which do not seem to bother her. Most probably, physical appearances do not define her self-identity.

She has no children. But she has daily contact with her sisters and has also contact with her cousins who live in a town not far away from the city of Malmö. The contact with them is once or twice a year, mostly per telephone. There is no desire for more contact than she has now. She has two friends in Malmö. She meets them quite often, at least once a month which is enough for her. Moreover, she meets her neighbours once a week, especially the young family living next to her house. Their children drop in. The contact is stable. She has many photographs of her dead relatives. These remind her of old times.

It seems that Gulli has a very stable and closely-knit network which exists in close proximity. The size is not big but it is always available. She seems to be satisfied with her social network. She has care resources for future in the informal family network.

She talks openly with her sisters about her inner thoughts, feelings and her opinions about different subjects. It would have been very difficult for her without this relationship. She says that "loneliness is better when one can choose."

In case of need and emergency, the sisters help each other with everything. Besides her sisters, she even has one friend with whom they exchange help. Her continuous relation is also with sisters. The same is with closeness. She feels secure with them. Without them, she would be terribly lonely. She does not have any place or person with whom she feels a sense of belonging.

Her social network consists of her sisters, cousins, friends and neighbours. The most active part of her primary network is the siblings' network which is multi-functional. It is this network which provides confidants, is available in times of need, and exchanges help and services. Moreover, it provides continuity of long-lasting relations and is a source of affectionate bonds. It seems that Gulli's sisters satisfy all her needs. What she lacks is the sense of belonging at some place or with some person.

She perceives herself neither physically attractive nor repulsive with age. Physical appearance is not important. She regards herself slightly younger now than her age which she did not feel in her young age. Her relations to friends and relatives are very good and they still are. She says that it is important to have good relations to all of them.

Gulli welcomes death and is prepared for it. She talks about it with her sisters. She feels useful and wanted. But what has been most inadequate in her life is education. To have good education is very important to her.

Gulli is not very much concerned about her physical appearance. She notices a few changes but they are not important to her. She has positive social resources, which reinforce her social identity. Her contact with her social world is good and also stable. She welcomes death, which means that she is psychologically disengaged.

The life course of Gulli does not contain many changes. Since she never married, widowhood is not relevant to her. She is neither socially disengaged nor very active. Her network is siblings-focused. Looking at her life from a developmental point of view, one may say that such a life

style is a result of earlier expectations and attachments. There is continuity in her roles and stability in her personal perceptions.

6.4 THE LOW QUALITY GROUP

Preconditions

This group of low quality in relations consists of 9 persons (7 women and 2 men). Both men are married and the women are either married, divorced or widowed. The men live together with their spouses while most of the women live alone. Most of these people have lived in their present localities between four to sixteen years. The residential areas are calm and quite.

Most of them, especially the women, have primary education. All have worked for their livings and had different jobs. The work conditions were very hard, specially for the women. They had unqualified jobs such as maid, shop assistant, seamstress, cashier, etc.

Almost all have diseases, take medicines and are under medical supervision. There is a variation in sleeping pattern in this group. Half of the group sleeps well while the other half of the group has sleeping difficulties.

Memory (long-term and short-term) seems to be good for most of them but there are a few who report a slight deterioration in short-term memory and seem to be worried about this. Retirement has meant a change in economy for a few. But this change has been more often positive than negative.

The older people in this group think of death but not so often. Women seem to be more inclined to discuss death then men. Some have planned for their funerals and have written their wills while others have not.

About half of the group wants to take his/her last breath at home while the other half at the hospital. There is a fear, particularly among a

few women, that dying at home would imply stinking and lying there without being noticed.

All notice changes in their appearances and although they feel regret, they seem to have accepted them. There are some who had both set-backs and success in life but there are a few others who had only set-backs. Still there is a tendency to look at the bright side of life.

Believing in God is as common as atheism. The same applies to the frequency of praying. But, not having one's prayers answered is more common than receiving answers or uncertainty.

Mostly, they have routine activity during weekdays but on the weekends, there is a change for a few who have visits from either their children or others. On the major holidays such as Christmas, Midsummer and Easter, most of them are with their children or siblings. There are changes in activities for a few, either due to the partner's allergy or laziness. They had more friends before, but they are gone now.

The pattern is of spending weekends with others but if it does not happen due to unknown reasons, the result is as follows:

"Weekends are lonely, all have their own things to do." (Woman, 15.)

The social network and self-conception

The social network of the older people consists of their married partners, adult children, grandchildren, siblings, friends, relatives and neighbours.

Most in this group have children. At least one child lives within close geographical proximity to the parents. The contact between generations ranges from daily to a few times a week. The aged parents desire more contact with them than they have now. There is an aged single mother who has only one son. She comments:

"I have my only son in the city of Malmö. I call him every second week. I wish that he himself should contact me. It is always I who call him...He comes to visit me on Mother's Day with a bunch of lilies. He never calls me. I call him." (Woman, 024.)

There is another mother whose opinion on her contact with her daughter is as follows:

> *"I have a daughter in the city of Malmö. I have a daily telephone contact with her. The contact has slightly decreased since she cohabits. I would like to have more contact with her." (Woman, 015.)*

The aged mothers here do not seem to be satisfied and desire more contact. In one case, the contact is not initiated by the child which may be interpreted as a lack of caring. In the other case, there is a change in the frequency of contact due to a change in the child's living situation. Such contacts make them feel unloved by their children.

The older people state that they have at least one of their siblings in close geographical proximity. They keep more or less regularly in touch with them by telephone. They have contacts and conflicts. They desire an end to the conflicts.

Here are comments on contact with siblings:

> *"I have a stepbrother in Nyköping. I have no contact with him. There is a conflict due to legacy." (Woman, 24.)*

> *"I have four sisters, I have contact with one but no contact with the others. I wish there would be an end to all our conflicts." (Woman, 10.)*

It seems that these conflicts are disturbing and there is a desire for reconciliations.

The older people also keep contact with their relatives once a year at Christmas time. This contact is made in the form of sending Christmas cards. Women desire more contacts with their relatives than they have now. As a matter of fact, the contact is stable but some women due to their limited social resources are seeking compensations in their relative network. Here is a comment:

> *"I have relatives from my mother's side. They live in America, Stockholm and Nyköping. I call them once a year. There has been no change in contact. It is rather expensive to call them. They rarely call me.*

Mostly I am the one who calls them. I would rather like to move to Stockholm in order to be able to live near my relatives." (Woman, 24.)

It seems that in spite of distance, she tries to keep in touch with her relatives and this contact, even though it is infrequent and one-sided, still gives her hope. This woman's only son lives in Malmö but she wants to move in order to live near her relatives.

The group has contact with a friendship network. The contacts with friends varies from weekly to a few times a month. Those who have friends but lack contact with them men on different reasons for it:

"When one gets old, one enjoys staying at home." (Woman, 05.)

"I do not have the time to meet my friends; I have the time to meet only my children and their families." (Woman, 10.)

The reasons are old age and a desire to spend all one's time with children and their families. Maybe there is not much involvement in a friendship network. The focus of life seems to be on their children network.

The contact with the neighbour network is neither frequent nor regular. Actually, there is contact but it takes place outside in the street, in the grocery store and on the staircase. There are a few females who desire more contact with their neighbours. Moreover, there is a desire for neighbours of one's own age, of the same sex and also for neighbours whom they can meet often.

The description above indicates that all have access to social networks, but there are variations in the frequency and degree of satisfaction with contacts with the persons in the network.

What is the quality in this group's social network?

Not all in this group have the possibility to talk openly to anyone. Confidants for some older people are within their family network. For others, there is a slight tendency to talk openly to people outside one's

family. To have confidants means to talk openly about why people die; talk if one is sad.

There is a widow who had her friend as a confidant but she is dead now. Her friend could read her thoughts exactly.

To have confidants is important and life would be empty, dull, difficult and terrible without having anyone to talk openly to.

Not all have the possibility to reach someone in times of need. Those who have such possibility, call their children and siblings when they need them. They know their whereabouts.

Even neighbours help in times of crisis. An arrangement is also made with the personnel at the social welfare office to receive help. Friends are not available in times of need.

Availability in network is to be able to reach someone and to receive help in a crisis. For example, a widow who lives alone has left her keys with a retired couple living in the same building. They have her keys and also the names of her children. She has arranged the same with the personnel at the social welfare office.

Even though this woman has children, she still considers her neighbours more practical than children in emergencies.

One aged married person's available relation is with his sisters to whom he can speak if he is ill. He knows their whereabouts so he can reach them when in need. The same is true for a woman who received help from neighbours to call her children.

The older people exchange help with their children, relatives and neighbours. The nature of exchange is shopping in case of sickness, watering plants, help with repairs and listening to each other in difficult times.

The form of mutuality is different. Some mention one-sided help, which means that they help others but do not want to ask for help themselves. There are others who both give and take. An aged female comments on her mutual relation as follows:

"I help my daughter-in-law when she works at night, help her when her children have a cold. They help me too but I help them more." (Woman, 06.)

She would give more than she takes, which is important to her. She further adds:

"...this mutual relation with my daughter-in-law is to help with repairs and also help in times of worries and problems such as to listen to each other's problems. This mutual relation is very important." (Woman, 06.)

Mutuality in relations is considered very practical by many respondents and those few who don't have it miss it.

The social network of some persons is characterized by continuity in relations with friends. There are a few others who lack it. Long lasting relations are a source of memories of old times. With such friends they talk about anything. Those who have lost such relations miss them.

Here is a woman who misses her dead friend now:

"I used to have a friend, who is dead now. It was a long friendship, I miss her. We shared the same interests and memories of 30 years together. Now, I spend more time with my children." (Woman, 06.)

The aged in this group mention that their family members are emotionally close to them. Closeness means both togetherness and confidence and it is important. But there are two married persons who do not feel emotional closeness to anyone, not even to their spouses. Here is a comment:

"I have never felt closeness even though I am married." (Man, 13.)

It shows that marriage does not guarantee a close relationship.

Half of the group feels rooted to particular places and persons while the other half does not have this feeling. The sense of belonging is felt in relation to one's parish, place of birth, friends, summer cottage, and ancestors. Men more often mention that they feel themselves rooted to

places such as summer cottages and childhood home towns while women have this feeling with their friends, siblings and children. These places and persons are geographically scattered.

What does this sense of belonging consist of?

It has to do with a particular atmosphere that gives a feeling of freedom and a warm reception. They can do what they are used to doing at home. Here are comments:

> *"I feel that I can move freely, can do what I want, am welcome." (Woman, 01.)*

> *"I enjoy being in a place and with a person...I can move freely, can take a cup of coffee and do what I want." (Woman, 05.)*

This relation to both places and persons is very important to all the respondents in this group.

The social network of this group lacks a number of dimensions in quality. There are persons in this group who lack confidants, have one-sided mutuality, lack continuity and a sense of belonging. All these people are seeking contacts on one level or another. Some desire for more contact with children, reconcilations with siblings, and more contact with relatives as well as neighbours while others are mourning the dead, seeking contact with their dead ancestors and are satisfying themselves through empathizing with those who are needy and hungry. As a matter of fact, there are different patterns of social network in this group. There are people socially isolated; people socially integrated but emotionally isolated; and people socially integrated, satisfied but existentially isolated.

The above described preconditions and social networks of low quality group show that this group consists primarily of women. Many women in this group have gone through deprivations, both material and emotional. Despite this, they have managed their lives on their own. All have access to social networks, but lack quality in social contacts. There is a variation in the size, degree of satisfaction and involvement with the people in them. They suffer from diseases, notice changes in their bodies, appearances and also in their roles, but still they regard themselves heal-

thy, rather attractive and younger than their age. Old friendships seem to validate and strengthen their identities which is not the case with relatives. There are women who have never felt themselves appreciated by their relatives. There is no change in their perceptions with the passage of time.

Many in this group consider their education sufficient which they did not do in the past. Previously, education was perceived insufficient because it was unsuitable for desired occupations. Due to their level of education, most of aged people in this group had unqualified jobs.

Most women do not accept retirement which may depend on personal needs, values and fears. However, both of the men in the group accept it fully. To retire successfully from occupations requires something to retire to. If one does not think that one has this possibility, then retirement may be feared. The same negative attitude exists towards one's personal death. It seems that the aged persons want to live. They feel more useless than before, which may depend on their dissatisfaction with what they do or their relations with others.

I summarize that this group's social network is not very functional. Life conditions are not favourable emotionally and social networks are very loose-knit. There are less involvements whose roots may lie in childhood experiences. They are trying to adjust to their reality through hoping, desiring and waiting. People seem to continue with their previous pattern of life and self-perceptions in old age. This group seems to be lacking sources of care and help.

Carin

Carin's childhood was very painful. Her mother died early. She lived with her stepmother. At home, she did not get much affection or tenderness. Her father was a farmer. The family was very poor. She used to bring water, chop wood from the trees and take care of animals. This hard work has destroyed her back. She went to a primary school. Her teacher was very loving and used to help her. Carin always was short of money because of a pain in her back. She worked at different places for

her livelihood, both as a cook and also seamstress. She does not expect much from life.

Carin's primary socialization took place in a family where she already as a child was deprived of the primary relation which provides for the child's basic needs and thus basic trust. A person who lacks this basic trust and empathy from others can have much difficulty in her personal relations. One doubts that one's close relationships will survive:

"Lack of trust expresses itself as lack of belief that other people will keep their promises... They defend themselves against disappointments and deceit by not expecting anything. They are clever at denying their needs to withdraw from pain." (Tudor-Sandahl, 1989, p. 40) Carin lives alone. She has lived alone almost all her adult life. She does not want to live together with anyone. She lived together with a man for five years and had a son. This man abandoned her and got married to a woman who had plenty of money. Carin comments: "I don't want to share a household with anyone. I feel free to do what I want. I shall never live together with a man. I have my habits. I do not like smoking." Carin states that her economy has improved after her retirement. Her only wish is to be healthy. She has problem with her stomach and also pain in her back. She has even sleeping problems but Carin's eyesight and hearing are good. Her memory is also good. She considers herself younger than her age. Carin is very afraid of old age. This is the reason she is very careful with her diet. In spite of many problems, she still is optimist.

Carin has faith in God. She prays but her prayers have never been answered. She sometimes thinks of death and also talks about it with one of her male neighbours. She would like to die at the hospital, not at home.

"If I die at home, it will stink. Nobody will miss me."

Carin by living in a single household alone maintains her freedom to do what she is habituated to do. Living together means to her an encroachment on her own style of life. As a matter of fact, she had a negative experience of sharing a household with a man with whom she once cohabited and conceived and was deserted. Instead of getting com-

panionship and affection, she got disappointment and also the burden of taking care of their child alone.

As far as activities are concerned, Carin has limited physical resources. She listens to the radio and watches television. She wants to buy a cycle but she is afraid of the thieves. Carin because of her health looked forward to her retirement which would give her economic security and relief from hard work. Retirement is a blessing especially when one's physical resources are very inadequate. As a matter of fact, she does not have any diseases but she does not feel well. She is very afraid of getting old which may be related to her fear of dependence. It is a real fear since she has no one who will take care of her in case she is disabled and is unable to manage her life on her own.

Carin turns to God with her problems but she does not get any response. She seems to be even unwanted in her relationship to God. She is very conscious of her approaching death. Carin would like to die at the hospital because death at home would mean lying there, stinking without being noticed. It shows the depth of being alone, unwanted, unnoticed; to be nobody to no one.

What is Carin's social network? In Carin's social network, she has her only son who is married and lives together with his family down town. She has telephone contact with him almost every second week. Her desire is that her son should call her. According to Carin, her son comes regularly on Mother's day with lilies of the valley. It is Carin who calls him, not her son. Her daughter-in-law does not accept Carin. She has two grandchildren, one male and one female. The granddaughter visits Carin often but her grandson, who is 17, does not. She has no desire for more contact with her grandchildren. She calls them when she wants.

Carin has one stepbrother. She has no contact with him. The relation has changed due to their dispute over legacy. Carin has no wish for contact with him.

Carin has relatives both on her mother's and father's side, geographically dispersed both within and outside of Sweden. She has

contact with them on birthdays. It is always Carin who calls them. It becomes expensive. She desires to live near them in Stockholm.

She has friends in other towns in Sweden. She calls them on birthdays, Christmas and New Year. She had a very good friend who was once her teacher. The friendship lasted until she died. Both were very good friends. She sometimes contacts other friends through letters and postcards. She desires to phone them more often but she can not afford it.

Carin has contact with neighbours who live in the same building. She talks with them daily from her balcony and outside. There is no change in contact. Carin's comments about her neighbours are: "They should be little more accommodating. They are unfriendly, sharp and pessimists." Carin has photographs of her son and his family. These photographs remind her of the time when they were small. According to Carin, these photographs are a "cure against her loneliness".

Carin's description of her contacts with her social network indicates that there are persons in her social network but there is neither much frequency nor regularity in contacts. In spite of geographical proximity, there are no frequent meetings or regular phoning within the children- or sibling networks. Carin wants more contacts and due to this, she mostly initiates the contacts but it seems that others in her social network are not responsive to her need of contacts. Even her son is unresponsive. Carin does not have any regular and stable contact with friends. Her female teacher was her good friend. She has been the only positive role model and a source of standards and ideals of behaviour. This is the only contact which was complementary and which survived till her friend's death.

She has frequent contacts with her neighbours, so called "spontaneous contacts" which appear to be regular. She projects even onto her neighbours her own feelings which are unacceptable to her. Carin idealizes those who do not live in proximity and criticizes those with whom she interacts in reality.

Through her yearly telephone contacts, she reminds her relatives of her existence and seeks contacts. Carin wants to live near them.

Proximity does not automatically lead to frequency in contacts, but she expects that living near to her relatives in Stockholm would mean more contact and less isolation. Through idealization, she maintains continuity in relations which do not exist in reality.

What is her quality with persons in her network?

Carin has no confidant in any part of her social network. Sometimes she talks with the lady living next door to her but she adds that she has no one, which is very depressing and immensely heavy. Her son is available in case of crisis. She is glad that she has him.

Carin exchanges help and services with her neighbour. They help each other in case of sickness such as buying medicines, and also watering each other's plants and flowers. Carin has no old friend to share her old memories with, which she considers terrible. Regarding her close relationship, it is her son and his daughter who are most dear to her. Without them, she will feel very empty. She does not feel a sense of belongingness any where.

Carin has persons in her social network but none of them is her confidant. The social network is dysfunctional. Carin's relation with her son is neither open nor mutual. Researchers say that sex of the child plays an important role in the old people's lives. Older people seem to have more contact with their daughters and even live with them than their sons (Shanas et al., 1968). In Carin's case, it is her relation to her daughter-in-law which is not good. Carin does not fit in her daughter-in-law's life style. This may affect mother-child relationship. She has siblings network which due to conflicts is not a source of any support. She has relatives and friends in other towns who are neither available nor emotionally close to her. Research points out that if one part of the social network loses its function, compensations and substitutions may be searched for in other parts of it. Carin seeks compensation but is not able to find it.

With this background, how does she experience herself and certain transitions relevant in old age? Carin still thinks that she is attractive and looks younger than her age. Carin's conceptions of her age and appearance have been stable in spite of small changes and are important to

her. According to research (Philips, 1957), young identifications of age lead to positive reactions to changes in the roles. It seems that it helps Carin to continue the maintenance of her independent existence without being dependent on others. Carin is well conscious that her contacts with relatives have always been bad and she has never been appreciated by them. But her image of herself as a friend is positive and it is this role which gives her strength. Carin's attitude to retirement is positive. She has readily and willingly taken on a new role as a retiree which gives her relief from her hard work but at the same time makes her feel useless and lonely. Carin is conscious of the negative attitude of her "significant others" toward her. It is this attitude of others which makes her feel lonely, unwanted and useless. But she is used to it in her social world. Nothing has changed.

In spite of her depriving social world, she does not accept death which would mean her physical extinction. She wants to live. It seems that one has more resources than one is conscious of them. In the face of hardships and trials, one has access to one's defences in one's mental life which help in warding off anxiety and perceiving reality in a way which does not contradict with one's ideal image (Turner, 1988). Every person creates his/her own reality and picks up those pieces which make sense to him/her and fits them into his/her frame of reference. It becomes an individual life style. Carin's life has been the same and it is her life style. She is used to nothing but a depriving environment.

Carin's life conditions have been very hard. Carin has meagre physical resources. Her social network is unresponsive. She is socially as well as emotionally isolated. She is deprived of positive social resources and positive personal experiences. But, she tries to manage her independence both emotionally and practically by keeping in touch with a few persons (real/symbolic) who are available. If one's life has been a continuous load of misfortunes and painful experiences, one does not expect the opposite and does not even trust it in case one gets it. One learns to live and adjust to reality for one's survival. She is involuntarily disengaged. From a developmental point of view, the root of these problems may lie in her early childhood experiences and lack of positive models. Carin has no

care resources in her informal network. She is going to need a formal network to help her when she can't manage life on her own.

6.5 CONCLUDING SUMMARY OF DIFFERENT GROUPS

Now I will summarize the characteristic features of the three groups described in the previous sections. Of course the characteristics of a special group is partly an outcome of the definitions and the criteria used for the grouping of the old persons.

Regarding marital status and household composition, many in the high quality group are married and live together. There are no widows in this group. In the basic and low quality groups, all men live together with their partners while many women live alone. There are no widowers in these groups. Duration of marriage is longer in the high quality group than in the basic or low quality groups. Only the women of the basic and low quality groups have gone through loss and separation (through death or divorce). Thus, old age may be experienced differently by the married and unmarried and even the sources of help may be different.

In regards to the nature of profession, there are people in all the groups who had unqualified jobs. On the whole men have slightly more qualified jobs than women. All levels of education from primary school to university are represented in all the groups. Retirement has not changed the economy negatively for most of them, particularly the women. But there are a few, mostly men and some women, who report a decline in income after retirement. But they can do the things they want. Almost all in all the groups get help from their informal networks. Home help organized by the municipality is not common.

Almost all have health problems and have aches. Regarding sleep, almost all women have problems with it in all the groups. The long-term memory is good for everybody in all the groups. Short-term memory has

deteriorated for men in all the groups and for women only in the basic quality group.

The people in all the groups are more or less conscious of death but only men report that they do not think or discuss it often. Most of the people in all the groups report that they notice slight changes in their appearances such as wrinkles, grey hair, etc., and their reactions to these changes vary.

The social network of most of these aged people is characterized by quantity in contacts. Most of the people in these three groups have children, siblings, friends and relatives but they vary in their frequency in contacts and their satisfaction with persons in their networks. The most active parts in term of frequency are the children and siblings networks. On the whole, people in the high quality group seem to be satisfied with their contacts both within and outside family. There is a regularity and stability in their contacts. In the basic quality group, there is a tendency towards an increased involvement, particularly of women in their family network. Men desire more contacts with their siblings. In the low quality group, in spite of daily to weekly contacts, some women desire more contact with their children and reconciliations with one's siblings. Only in the high quality group, there is better contact and a more positive attitude towards neighbours than in the other groups.

The people in the high and basic quality groups have social networks characterized by quality, which is not the case for the low quality group.

All in the high and basic (with quality) groups have confidants in their primary social network and have access to persons available in times of need. High quality group has an extensive network consisting of children, siblings, and neighbours as support persons in times of need. In the basic quality group, it is primarily one's children network which is a resource in times of need. Low quality group has access to an unstable social network. In this group, one turns to neighbours because there is no one available from one's family. The available persons generally live in close proximity.

Many in all the groups exchange help. In the low quality group, the form of mutuality differs. But mutuality in all the groups exist in relations with those persons who live either in the same building, in the same neighbourhood or in the same town.

In regards to the possibility and identity of long-lasting relations, it is one's old friendship network which provides continuity in time and also in life. The high quality group has access to such old friends, something which is lacking for persons in both the low and basic quality groups.

One's own family and even siblings are emotionally close in all the groups. One's attachments are primarily with persons who are of one's own kin. In regards to one's sense of belonging as dimension of social network, the men in the high quality group feel kinship with places while women with persons.

Most of the people in all the groups mention that there are changes in their health and appearances. These objective changes seem to have a slight impact on their conception of health and physical identity. Subjective feelings of age are more actual than the number of years one has lived. Many persons in all the groups feel that they are relatively younger than their age. There are slight changes particularly for some women in all the groups. In the basic and high quality groups, women feel slightly younger than before and in the low quality group slightly older. However, it should be noted that a couple of individuals in the high group point out that they consider it unimportant to feel younger or older than your age.

Regarding friendship identity, all persons in all the groups seem to be appreciated by their friends and there is no change in this. However, it should be noted that the low group is somewhat less appreciated. Almost all these persons are retired from their occupations. Some have always welcomed it, and some are beginning to accept it in all the groups.

The people have in general an attitude of denial towards death, even if there are a few, especially some women in the basic group, who are beginning to accept it. The rest have not changed their attitudes much with age.

There was a general feeling in the past among these people that their education was not adequate with a few exceptions in the high and basic groups. Now the people in the basic and low quality groups experience it as somewhat more adequate as compared to the people in the high quality group, who have become less satisfied. But all consider education important.

Most persons in all the groups, especially the women in the low group, feel less useful now. To feel useful is important to all in this group.

7 CONCLUDING DISCUSSION

7.1 INTRODUCTION

The description of the high, basic and low quality groups in chapter 6 indicates that most of these persons appear to have a lot in common in spite of small differences in preconditions, social networks and self-conception.

The total group of 39 persons belongs to the same birth-cohort and have experienced more or less the same events at the same time in the life course and have also been affected by the same historical events (Ward, 1979), which have influenced their attitudes towards marriage, economy, level of education and work.

Their marriages have been long. Mostly women live alone. This means that sources of help, care and companionship seem to differ for men and women. The aged people report that they are more or less satisfied with their financial situation in spite of limited resources. They have worked hard for their living and rather prefer to manage on their own.

Most of them have their faith in God. It (faith in God) is a symbolic relation. According to Rizzuto (1979), all human beings develop a God representation or a God's image. It does not matter what one calls it. She regards it as a "transitional object relation" which grows during early childhood and often becomes a life long companion, even if it is put aside

sometimes during important transition periods or in connection with losses such as a close person's death. This unrecognized representation of God can emerge again. She points out that this symbolic representation of God is similar to the basic trust in Erikson's theory (1963).

What she suggests is that faith in God has something to do with attitudes and basic trust in early childhood which follows throughout life and one can lean on it in times of crisis. The aged people in this group were brought up in a religious environment. Their faith in God is a cohort effect. It seems to help them to cope with life in old age and can be seen as a resource.

The people in this group live in localities where they have access to all services such as bank, bus station, food store and post office within a walking distance. They describe their residential areas as calm and quiet. They have lived there for many years and are used to the environment.

What are the social effects of staying a long time in a locality?

Öresjö (1991) has studied the renewal of the residential areas of the forties and the fifties. She points out that the social ties in such areas do not depend on close kin relationships but on the social bonds that develop by living a long time in a locality and also the physical environment may contribute to one's attachment to one's apartment and residential area. Referring to Eriksson's (1977) description of social integration and its differentiation of four types such as material, physical, social and cultural, resj" continues particularly with physical and social types and mentions that they are difficult to differentiate. Here are her comments:

> *"It can be memories from a long life that are 'bonded to the walls', a view that has become a part of life or all those known faces in the neighbourhood." (P. 371.)*

I would agree with resj" that both the physical conditions around one's residence as well as people one gets together with or just happens to meet seem to play an important part in one's attachment to a particular locality and place of residence. Recognition by others in the area and

exchanging a few words may give a sense of being a part of the community which gives satisfaction.

The group is very homogenous as regards nationality. Very few are still employed. Except for a few illiterate women, most of these elderly have gone to primary school. Very few have university training.

Most of the elderly have diseases but they regard their health as good. The health of women is slightly better than that of men. There is a strong empirical support for an association between social network, social support on one hand and sickness on the other (Hanson, 1990). Almost all the men have their wives to take care of them, who, mostly, seem to be "the principal caregiver" or "the primary care person" (Brody, 1981). Even if the husbands and sons are there, it is mostly the women who take the main responsibility for care in the informal network (Brody, Johnsen & Fulcomer, 1984). This may be the reason that no one in this group receives care from the formal care network. In these cases, the spouse functions as a "support person", having qualities such as empathy, understanding, respect and constructive genuineness (Porrit, 1979). Since almost all married persons seem to be satisfied with their spouse role which may imply that the qualities referred to by Porrit exist in these persons who support each other.

Most of these persons are not involved in highly structured or formal activities. They do their daily chores, read the newspaper, look at the television, go out for a walk and socialize with their children and siblings. The involvement of the aged in socializing with their family is also indicated by Teeland (1978).

Those who were engaged in some activities previously but are unable to continue now due to health reasons, have changed to other activities which are possible in the new situation. For example, those who used to take long walks, play golf or even bridge and can not do so now because of a disability in walking or a heart condition read more instead. However, there are a few who desire some hobby or to travel.

7.2 Discussion of the metHODS

The method of face-to-face interviewing has been successful in this study. To meet the respondents in their home environment has given information qualitatively better than information gathered through telephone interviews or through interview questionnaires sent by post. Moreover, the semi-structured interview schedule made it possible to obtain information also beneath the response surface level. I have maintained the estimation standard by assigning all scale values myself. Correspondence between the interviews conducted by two interviewers is displayed in appendix 5 and it is rather high, which indicates that dividing the work between two persons with different cultural and historical background has not negatively affected our contacts with those we have interviewed.

The sample in the study is biased (not representative of the population) and also small because of a high rate of non-participants (see ch. 4). The question: Are the results of this study valid, consistent and reliable? Because of the sample's limitation, I have not presented any numerical values by using statistical methods but I have described the data qualitatively both on group and individual levels and have exemplified it with the help of what these persons say or don't say. Such a description has enabled me to get access to the subjects' conceptions of the contents and values of the dimensions in quality in detail. Thus, I may say that I have succeeded in describing the social situation of these respondents with this quality-dimensions concept and have shown that this concept is an important instrument. I have also discussed the validity aspects by checking the consistency of the responses of the individuals (see ch. 5).

However, it is possible that my cultural background (personal frame of reference) has affected the whole process of implementation of this study, i.e. from quality-criteria for groupings of the individuals, structuring, interpreting, understanding and finally giving meaning to the results. What would the results have been in case there had been two

persons throughout this process? Since these results show a tendency towards the same direction as other research, my results are valid for the individuals in this group.

The aim of the study has been to acquire knowledge of the quality in social relations of the elderly and the way they perceive their life situations and themselves, which I have achieved. The results obtained and conclusions drawn from the results are pertinent to this very group, as it has not been my intention to generalize them to the population. G. Douglas Mook (1983) while discussing "validity of what?" points out: "Ultimately, what makes research findings of interest is that they help us understand everyday life. That understanding, however, comes from theory or the analysis of mechanism; it is not a matter of 'generalizing' the findings themselves". I agree with Mook. The findings are interesting because they help me understand these elderly's quality in relations and their experiences of themselves.

7.3 SOCIAL NETWORK AND SELF CONCEPTION OF THE ELDERLY PEOPLE

Most of the people in this group do not share households with their children but they live rather close to them.

These data of having separate households but residing near to one's children are supported by other studies (Rosenmayr & K"ckeis, 1963; Shanas et al., 1968). Rosenmayr and K"ckeis (1963) indicate that generations live in close geographical proximity to each other but they do not live together under the same roof. There is "intimacy at a distance". I would avoid using Rosenmayr's term "intimacy at a distance". (See Teeland's criticism of this term in his article from 1978, p. 125).

I would rather say that generations live apart from each other because of the fear of losing their freedom to direct their lives as they wish. Living in separate households but in close proximity to each other means involvement within certain limits, such limits which the elderly

parents set themselves and which keep the balance between the their need of freedom and involvement.

I would call it "intimacy within limits". This type of intimacy is in accordance with the structural factor of normative expectations which stresses the values of individual independence and certain emotional distance which are made possible through the economic and social systems. Even in cases where the children would like to share households with their parents, it had to be legitimized on certain grounds such as the aged parent's disability of some kind or loss of the spouse role. In this study, only one widow lives together with her daughter.

Is separate living related to frequency in contacts?

Shanas et. al. (1968) have examined the contacts of the aged with their children in the United States, Britain and Denmark. Denmark has the lowest number of older people living together with their children but they have contact with their children more often than in other countries.

The data in this study have the same trend as the Danish data. The aged's proximity to their children and frequency in contacts seem to be associated. They have daily to weekly contacts and are satisfied. The aged parents' good contacts with their children are supported by Samuelsson's study (1981).

The elderly's contacts with their grandchildren follow the same pattern as with their adult children. Those who do not have children or grandchildren tend to establish contacts with their siblings.

In this study, most of the aged have regular contact with at least one sibling. This contact is in most cases maintained through the telephone. Even sharing a household with siblings occurs. The sibling network, if not functional, is regretted by some and there is a wish for more contact with them. The aged males who have lost contact with their siblings after their marriage desire contact with them now in their old age. It seems to me that just telephoning is sufficient for these people to keep alive the symbolic dialogue which is important to one's personal identity as brother or sister. Teeland points out the importance of siblings and

friendship networks for those who never married or are widowed. It is a "sort of a reserve of relations" that can be used in old age, in case one loses one's partner (Teeland, 1978, p.167)

The siblings here are particularly important to both unmarried women and those who have lost their spouses. My study shows much compensation from siblings than friends. Why is siblings' network important in old age?

Von Sydow (1991) indicates that siblings can mean a lot during old age because one has more time now to socialize with them than during younger years. Moreover, it feels good to talk about old times since only siblings share common childhood memories which can remind one of events long ago. Siblings can also give security and one can transfer family traditions and memories to one's grandchildren together with them (p. 40).

Let us see what Teeland says about the importance of siblings:

> *"In old age interaction with brothers and sisters not only offers interaction around similar values and interests, but it is also a reminder of the emotional bond that existed between these siblings and the long deceased parents." (Teeland, 1978, p. 161.)*

The explanations given by Von Sydow and Teeland may be the reasons that older people keep contact with their siblings and those who do not have contact desire it. Let us see what the elderly say:

> *"My sister lives in Stockholm, wish more contact."*

There is a male respondent who is from Finland. Here is his voice:

> *"My brother lives in Helsinki. He is very close to me. He is part of my life. I feel a kinship with him. I would be lonely without him. My other brothers never write or call. I wish I had more contact with them." (Man, 04.)*

The geographical distance has no negative effect on his feelings for his brother who lives in Finland. Unfortunately, it seems one-sided. It is

possible that one tends to idealize one's relationship in the case that one lives geographically separated from one's siblings.

Those who have conflicts with their siblings want to reconcile.

"I wish, there would be an end to our conflicts."

The aged have their relatives' network scattered in neighbouring towns as well as in distant parts of Sweden. In spite of distance, one keeps contact with relatives through telephone and correspondence, mostly at the time of birthdays, Christmas and funerals. This contact means a lot to these aged people. Here are comments:

> *"I have my cousins in Västergötland, we write each other 5-6 times a year. We meet very rarely. Hope this contact continues. It means a lot to me." (Man, 02.)*

> *"I have my husband's sisters in the city of Malmö and in Uppsala. We phone and meet at the celebrations of birthdays. There is no change in this contact". (Woman, 02.)*

The most important thing is that the contact is not disrupted. Getting together or visiting is not the point here. Just writing a few lines or calling each other once a while is sufficient to keep one's identity as a relative stable.

Most of the elderly in this group have contact with friends. At least one friend lives in the city of Malmö. One tries to keep contact with one's friends regularly. The contact with friends has slightly decreased for a few women and increased for men. The explanations for this decrease as stated by these elderly are geographical distance, shortage of time, desire to use all one's time with one's children and the need to stay at home in old age. Let us see what research studies say about friendship relations.

As a matter of fact, intimate friends and friendships relations outside family can be important and have a direct effect on well-being (Larson, Mannell & Zuzanek, 1986).

Lowenthal and Haven (1968) point out: "The presence of an intimate relationship serves as a buffer both against gradual social losses in

role and interaction and against the more traumatic losses accompanying widowhood and retirement" (p. 20).

Zena Blau also says that "friendship in old age is a better buffer than children." (Blau quoted in Teeland, 1978, p. 155.)

It is a "buffer" for those who have developed friendships in their youth and have contact with these friends at present. Loss of such friends in whom one has invested one's positive feelings can be hard, but disruption in friendship network due to move, death and due to other reasons does not affect those elderly who have never been involved in their friends. Their children become their "buffers".

In addition to friends, the older people have contact with their neighbours but the nature of the contact is different. Some socialize with their neighbours and are satisfied. But, most common is to happen to meet one's neighbours on the staircases and in garages. Since this contact is unplanned, irregular and happens to take place mainly on the staircase (Swedish: trappa), I designate it a staircase contact. In this sort of contact there is a communication, mostly about weather and others in the neighbourhood, but nevertheless important since through such communication, one informs each other of what one knows about others. This type of contact seems to have an important social control function which is really needed for keeping an eye on each other in old age.

Öresjö (1991) indicates the importance of such contacts in her study where the people do not visit each other but just greet each other which is enough. She says that the relations between neighbours and between friends are of a different character and serve different functions. The relations between neighbours are not necessarily of a bad quality. The neighbours in such areas are not anonymous persons. The strength of the relationship lies in the spontaneous, daily contacts.

In Sweden, Svanborg's (1975) longitudinal study on 70- year-old people in Gothenburg shows that visiting neighbours is not common among these aged people. The trend is also supported by Samuelsson (1981), and even my data are in agreement with these studies.

In my study, there are a few who desire neighbours of their own age cohort. Having neighbours not of one's own age may mean that there may be differences between the generations ("cohort differences") and also differences in one's position in the life cycle. (See Riley, Johnson & Foner, 1972). Riley points out the importance of two dimensions of time which run parallel to each other. One of them deals with an individual's place in the life-cycle, such as the chronological age, and the other relates the individual's present age to the history of the society.

When Tornstam (1992) is discussing friendship relationships, he points out that besides these two dimensions of time, one has to distinguish between three segments of time: past, present and future. According to him, individuals of the same age are alike in their historical experiences, experiences of the life cycle, present position in history, present position in the life cycle, future position in history and future position in the life cycle. They have common experiences of the development of society – war, peace, poverty – and of problems in relation to family life, occupation and retirement (p. 150). It shows that the old people are alike among themselves in several respects but different from the younger generations primarily regarding their chronological age (life-cycle age) and also regarding their experiences of social and historical time. These differences may explain to some extent the aged people's desire for neighbours of their own age.

Summary: The contacts of this group of aged persons seem to be rather frequent. They have frequent contacts with at least one child and at least one sibling. They also try to keep in touch with other relatives. Most of them have contacts with friends, who have an important place in their total network. There is a slight tendency of disruption in friendship for some women. The contact with neighbours takes place either on the stairs, in the garage or in the streets, but it is nevertheless functional.

On the whole, there is only a small group of elderly women who desire more contacts with their children, better contact with siblings, relatives, neighbours and friends. I may conclude that the aged people have frequent interaction with persons in their social networks.

What is quality in social relations of this group of 70-year-olds? Most of the persons in the group have basic or high quality in relations as measured with the index of quality (see above, p. 85[TKl1]). This means that they have at least the three necessary dimensions (availability, mutuality, closeness) of quality in their social relations.

It is common in this group to have somebody to confide in (openness). Confidants are primarily from one's primary network. People confide in their confidants their worries, private feelings and talk openly about personal relations, health problems, life, death, religion and other daily small talk. These confidants live in close geographical proximity to the elderly people. Proximity's positive effect on openness in relations is expressed by Hammarström (1986) who has studied the effect of social changes on the solidarity between different generations consisting of the elderly generation, their children and their grandchildren. The effect of geographical proximity on frequency of conversation has been indicated as follows:

> *"In every relation between generations, the frequency in conversations increases with an increasing geographical proximity." (P. 216.)*

More interaction through personal meetings or telephone contacts may strengthen the relationship. Let us look again at Hammarström's study concerning "personal matters":

> *"On cohort level, geographical mobility negatively affects conversation about personal matters with children for the oldest generation. The more they live near each other, the more they have talked about their personal matters to each other. This agrees with the result of frequency in conversation between them. Even the dyad analysis shows that the agreement of opinion between the two generations as to the extent of conversation about personal matters with each other increases with a decreasing geographical mobility." (Hammarström, 1986, p. 218.)*

This means that geographical proximity does affect the extent of conversation about personal matters. If one lives near, frequent interaction may lead to sharing confidences. My data show that almost all the

respondents with children have at least one child in the same town and it is the same child who becomes his/her parents' confidant.

Why do members of one's family rather than one's friends or neighbours or relatives become confidants?

It is possible that the aged people rigidly demarcate the lines between "back stage" and "front stage" life. One's private life consists of one's "family of procreation" i.e. one's spouse and children. They show their real self on the "back stage" i.e. to their family members and present the polished and socially accepted side of self on the "front stage".

In general, people want to present a good impression on others. Telling every thing to others or self-exposure to others may change others' perception of the respondents which may affect their social identity.

Moreover, these elderly were socialized during the period of society when it was unusual to be open in the modern sense. One was very cautious for leakage of family secrets. Family was a holy thing and so were its rules. Most probably, openness in the modern sense was not expected.

Even those who are not married and have no children choose their siblings as confidants, i.e., the members of their parents' family. They share with their confidants secrets, talk about personal worries and about their feelings. They also talk about their personal relations; health problems; about things that happen in daily life; and talk about life, death and God. To have confidants is important to many aged in this group.

Most of the aged report that they have the possibility to reach someone (availability) in times of need. In the first place, they call their children and they know about their adult children's whereabouts on holidays and even when they are travelling abroad. Parents know which child to call. Besides family, in some cases they contact their neighbours, relatives and friends. Nevertheless, the respondents' children are the ones whom one informs first of all. For those few who lack availability in relations, the pattern is different. There is one widow who has arranged things with her neighbours in case something should happen to her. She has four children in Malmö. Here is her voice:

"I have the social welfare office and my neighbours downstairs in the same building. They have my keys, I water their plants, they have the names and telephone numbers of my children. In case something should happen, they can call them. I feel safe that way, otherwise it would be horrible if something happened." (Woman 06.)

It seems as if this woman has arranged for the worst situation in the future, and has protected herself and her relatives from the possibility of her lying dead in her flat without being discovered. There are cases where the older parents need their children but they don't want to admit it.

Availability in social network means support in times of need and that the elderly can reach someone and get help in crisis. They know his/her whereabouts. To be able to reach someone in times of need is important to many aged in this group.

The older people exchange help and services primarily with members of their own families who live in close proximity. The exchange in the case of family members does not mean equal rewards. The person who gives may in exchange get a psychological proximity and positive self-evaluation. What is the nature of exchange of help and services? The services given and taken are different. Most of the respondents exchange practical help and care. They baby-sit for their grandchildren, buy food and medicines in case of sickness, and give relief to their stressed children in their busy lives by taking charge of the housekeeping when their children are away. The elderly males help with the maintenance of their children's houses and repairs. In return, they get help with what they need. Regarding this exchange Hammarström (1986) indicates:

"Mostly the aged's good and continuous contact with their children... consists of financial help, primarily from the parents to their children, an exchange of services such as baby-sitting, but also just getting together and enjoying each other's company. During illness, the aged often receive help and care from their children. The contact is thus not one-sided, it is rather a flow in both directions between the generations. The prevalence of modern means of communication facilitates this contact." (P. 19.)

In this study, there are a few parents who help their children financially. In case of the neighbours, there is help and advice with the garden, taking care of each other's mail, buying medicines and sometimes borrowing things one needs. But it is mostly the old men who exchange services with neighbours.

I may point out that mutuality in quality in this group takes different forms. Mostly, it is mutuality in the real sense of the word, but in a few cases it is one-sided even if the respondents call it mutuality ("pseudo-mutuality"). Teeland (1978) says that kinship relations do not finish even if there is no reciprocation of services or help.

I agree with Teeland but would also add that the receiver of help always tries to give back in some way, maybe through his gratitude, which keeps the kinship relations alive. The receiver may strengthen the other's identity as a provider of help or as an empathic person.

I may say that the aged people in this study both give and receive services. Since the aged parents have more time now than their adult children, it is easy for them to help their children in different situations. What is the basis of the help being exchanged between generations?

The help given by the parents to their kin, according to Sussman and Burchinal (1962a) "is voluntarily and is based on feelings and sentiments held by parents towards their children and vice versa rather than upon legal and cultural norms..." (p. 332).

Let us look at a Swedish study on informal help given by children to their parents:

> *"All our data indicate that children help their aged parents as much as they can, at least their efforts are as energetic as former generations'. In spite of somewhat greater distances between generations, people visit their aged parents to an increasing degree. Children who live close enough visit often and assist their aged parents with various tasks." (Sundström, 1983, p. 62.)*

This implies that the children visit and help their older parents, but it does not say if it is due to affection, obligation or both. I wonder which

norms direct the informal care. Why do the persons in the primary network help each other? Research studies indicate that the family can be seen as a moral unit in which there are expectations for a stable solidarity (Allan, 1988). Rinell-Hermansson (1990), discussing expectations within family, states that stronger ties exist between couples and also between parents and their children. The children's demand of autonomy corresponds to the parents' need to be independent. Even if the children are not usually expected to pay back their parents economically, (Johnson, 1983) there is often in this relation a debt of gratitude (Callahan, 1985).

Both the actors themselves and society expect emotional involvement, mutual affection and participation. Those who don't fulfil expectations develop guilt feelings. Allan (1988) found that those who did the most for their parents had the strongest guilt feelings, which he called the "guilt-paradox."

There is no clear boundary between morality and solidarity in the informal care relation. Parents and children build a "unique social unit" and it is possible to have both affection and duty (Rinell-Hermansson, 1990).

The question arises: With whom do these elderly people have continuity in relations outside family? The continuous relations of the people in this group are with their friends with whom they have memories of school days and confirmation. Continuity in relations primarily means common background and relations at present They know each other's background. These long-lasting friendships provide stability as well as continuity to one's self. It is only with such friends one can share memories and review one's life.

Most of the older people in this study have good long-term and also short-term memory (functional ability), which makes it possible for them to share and review the past with their friends, thus adding to their sense of "integrity", i.e. feeling of "wholeness" (Rinell-Hermansson, 1990, p. 62).

The elderly who have lost their old friends have their memories in the form of "inner dialogue" which shield these deprived persons against

the effects of deprivation on these persons' sense of identity. The comments on the loss of such friends are as follows:

> *"I had a friend who is dead now. It was a long friendship, I miss her, we shared the same interests, memories of 30 years together, I spend more time with my children now." (Woman, 06.)*

It is such friendships which shield these aged people from different losses in life. As Zena Blau says: "Friendship in old age is a better buffer than children." (Blau quoted in Teeland, 1978, p. 155.)

Most aged people have this "buffer" in the form of memories, while in reality they have their children who become important to them.

The question arises: "Who are reported to be emotionally close to these people?" These data indicate that almost all the respondents report emotional bonds primarily with their own blood relatives. Closeness means emotional nearness such as remembering one through sending picture postcard when one is travelling, visiting each other, giving presents, remembering birthdays, etc. As a matter of fact, it means different things for different persons. These emotional ties are very important to the aged people in this group.

Where and with whom do these persons feel their roots? Most of them feel rooted at certain places or with certain persons. These places are childhood homes, summer cottages, or the country where they are born. The persons with whom they feel at home are one's friends, siblings and one's children. A sense of belonging is not affected by geographical distance. It has something to do with a particular atmosphere which makes one feel needed. It seems as if the sense of belonging is a function of previous experiences and memory.

Summary: Most of the respondents have quality in relations, primarily with the members of their primary network. It is the family members who are confidants. The elderly people confide in their confidants their worries, private feelings and talk openly about personal relations, health problems, life, death, religion and other daily small talk. Their family is available in times of need. Availability in social network

means support in times of need and that the elderly can reach someone and get help in crisis. They know their whereabouts. Most of the respondents exchange practical help and care. They baby-sit for their grandchildren, buy food and medicines in case of sickness, and give relief to their stressed children by taking charge of the housekeeping when their children are away. The need of reviewing one's past is satisfied through old friends. With these friends they share a common background. Unfortunately, there are people who have lost their friends. Emotional ties exist between couples, between parents and children and between the aged siblings. The need to belong somewhere exists in relation to certain places and with certain persons. There are some persons who, in spite of having networks, do not get their needs satisfied. Their primary network seems to be dysfunctional.

The elderly people point out that there are changes in their social situations such as death of friends, siblings and spouses and even changes in their body and in appearances. They have put on weight, have lost hair, feel tired and weak and even regret they are getting old. As a matter of fact, these "physical defects" and changes in health and physical appearance could play an important part in their self-image and should be experienced as a "traumatic chock" (Rose, 1965b).

However, they do not affect much the respondents' subjective age and physical identity. They appear to feel relatively younger than their age and rate themselves rather good-looking. There is a slight change from past to present. One of the explanations could be that people seem to compare themselves with persons of their own cohort (reference group) and rate themselves better than they are. Moreover, as long as they are on their feet and self-dependent they regard themselves younger than those who are dependent on others.

One's self-conception is constituted by one's "age identification", i.e. one's feeling of age. Those who feel younger than their age are also those who are well adjusted (Peters, 1971; Philips, 1957). Most aged people report that it is important to feel young, good looking, healthy and even independent. The question arises: Why are these values to feel young, good looking, healthy and independent important?

According to Tornstam (1992), our society is work-oriented. Paid work is associated with high estimation by others in one's environment. In the modern societies, values such as productivity, and independence are ideals to attain and these values have resulted in a "youth cult". Since it is primarily the young who have the possibilities to fulfil these expectations of being highly productive, effective and independent, to be young ("ungdomlighet i sig") in itself has become a value. These values are difficult to attain in old age but nevertheless, important to the elderly people because of the negative attitudes toward those who are old and dependent (p. 84).

According to research, these negative attitudes towards older people and old age held by younger generations are also shared by old people themselves. They value highly these qualities of youth. In reality, they see changes and suffer from diseases. But they rate themselves in a way that does not correspond to their objective reality.

Most of the people have a good social identity. They generally feel appreciated by their relatives as well as by their friends. There is stability in their conception of social contacts.

The aged are concerned that their educational level is not what they perceive to be required by society. The opinion about the adequacy of one's education and how that opinion has changed with time seem to depend on one's personal resources and opportunities in life. However, all consider education important.

Most people in this group experience retirement more positively now than before they retired. But there are a few persons who never accepted retirement in the past nor do they accept it now. Retirement has mostly been connected with "negative effects" such as "increase in feelings of uselessness" (Streib & Schneider, 1971); "poor health", "reduced income" (Riley & Foner, 1968). But it has less negative effect on social contacts (Streib & Schneider, 1971).

In this group, a few women have had financial and health reasons to look forward to their retirement, but retirement in general means more free time than they had before and they are now engaged in their children and families.

It seems that those who have good contacts with their children or siblings have something to retire to. But if one's social network has been and is loose and unresponsive, one does not have this resource. According to me, to welcome or dread retirement depends on how the individual perceives it and how it fits into his/her life style and frame of reference.

The group on the whole feels slightly less useful now than it did before. The question is, why do they feel less useful now after retirement. To be needed and to be wanted is a human need. Paid work has filled an important function in their lives. Leaving this function seems to exclude them from the community and to be deprived of the meaning of life (Lagermalm, 1990). This may be the reason that people feel less useful now than before.

Since the group members are coming closer to death, one may wonder how they relate themselves to it. The group has more or less unwelcoming or indifferent attitudes towards death in almost all cases but they are quite conscious of it.

Death is primarily associated with high age, and it is happening all the time all around them (Rinell-Hermansson, 1990). Older persons become aware of death not because they are old but because there is death around them. As Marshall (1975) says:

> *"This awareness of finitude is not simply a function of chronological age; it is affected by such things as parents' age at death, number of living siblings, health and deaths of friends (particularly age peers)". (P. 456).*

Thoraeus-Olsson (1988) has similar views.

The data in the present study indicate that many older people think about death, but there are also people who do not think about it. Some have written their wills and some have made arrangements for their funerals. Most of them even mention if they would prefer to die at home or in the hospital. There is a woman who keeps her keys and the names of her children with her neighbours and also with the staff at the social welfare office in order to make it easy for her children in case she dies.

Death is a known concept particularly for aged people. People know that their life is nearing its end and death is approaching. Not all reconcile with the idea of death. Instead, they are afraid of it. The aged people's fear of death is not associated with dying but with what is to come after this Earthly life. Is there anything after death? It is not life which should have a meaning but death which should be part of life's meaning. To some, death is a transition. Those who believe in God look at death as a passage to God. The atheists know that life ends with death and do not count on continuity. Some never reconcile with death and hold on to life even if it is unbearable. Death means total extinction. They are very anxious. To escape thoughts of death is their last task (Tamm, 1987, pp. 62-63).

There are a few in this group who have a positive attitude now towards death but on the whole, most of them do not accept it. Maybe they are afraid of death.

Fear of death is common according to Beckman and Olesen (1988): It is a fear of the unknown which expresses our need of continuity. Weisman (1975) differentiates between fear of death and death anxiety. Our fear of death is existential anxiety which can pop up any time during the course of life. But it is important to find one's personal way to relate to death:

> *"Whether we do so via religion, intelligence, love or art is a matter of personal values, personality and life experiences. Seemingly the agony of selfhood is not endurable for most of us without resources, be they transcendental, inspirational or existential." (Feifel, 1982, p. 18.)*

Summary: The above discussion indicates that these persons' personal perceptions in the investigated areas of self are not much changed with time in spite of changes in health, body, activity level, roles and in situations. Most of the people rate themselves rather healthy, good looking and younger, or in some cases, neither older nor younger than they are in years. They still feel themselves appreciated by their friends and relatives. They experience retirement more positive now than before. Also, their attitude towards death has changed over time. A slight change is

reported in their adequacy of their education now. Unfortunately, they have a slightly negative attitude to their self-worth. It is the personal meanings of these changes that seem to be important for stability in self-conception.

7.4 SELF-CONCEPTION IN TERMS OF QUALITY, QUANTITY AND PRECONDITIONS

In this chapter I will focus on the relation between the self-conception and quality variables on the one hand and the self-conception and preconditions on the other.

The description of the data indicates that there is a change in these individuals' conception of their appearances with time, but there is no relation to quality in social networks. Regarding age-identification, there are persons in all quality groups who feel much younger or somewhat younger than their age. But, people without quality in social network feel slightly older than their chronological age as compared to those having quality in social network. It means that quality seems to be slightly related to one's perceptions of physical appearances as a whole. Concerning their conception of their health, quality in social network is neither related to objective nor subjective health. As a matter of fact, the elderly, irrespective of quality in social relations, have health problems, some of them suffer from serious diseases and are under medical supervision. Due to health reasons, some of the respondents have abandoned their earlier activities, but in spite of these health problems; most of the elderly regard themselves healthy. Neither the presence of diseases nor the deterioration in other physical functions are perceived as derogatory to their conception of health. Physical limitation or disease in itself does not determine the way one feels about one's health. It should be noted that the subjective age (self-perceived age) and feeling of health of the respondents is more valid for them than their chronological age.

According to research, feeling of health is associated with social network. Access to an informally functioning network can prevent feeling

of illness and does not bring about inner changes. But, in this material, this association does not seem to be valid. Neither frequent interaction with persons in one's social network nor its quality affects one's feeling of one's health.

This study further shows that the quality in social network seems to be related to contacts with friends as well as satisfaction with these contacts. But there is no association between quality and these persons' perceptions of themselves as friends. As a matter of fact, most of the persons in basic and low quality groups lack "continuity" in contacts with their old friends because of either distance or lack of engagement in friendship networks. There are some who want to make new friends. In spite of this, they still feel themselves appreciated in their friendship roles. Discontinuity in friendship relations does not seem to affect their perception of themselves as friends negatively.

In regards to their conception of contacts with relatives, there is a difference between the quality groups in the sense that those who have a negative conception of them belong to the low quality group. This corresponds with their reports of conflicts with relatives. As far as the elderly's attitudes to retirement and death, there are persons in all the quality groups who accept retirement while others who don't. But with time, people have started accepting it. The groups are more or less similar in their attitudes to death. In all the groups, people are conscious of death and have lost relatives and friends. They know that their personal death is inevitable, but they don't seem to accept it. Quality in social network is not associated with one's attitude to death.

The three groups perceive the adequacy of their education differently. Education is considered less adequate now in the high quality group while in the basic quality group, some regard their education adequate while others do not. In the group without quality (low quality group) one's education is considered somewhat more adequate now than earlier in their lives. It seems that the perception of one's education is inversely related to quality in one's relations.

In all the groups of quality, people regard themselves less useful now than earlier in life, but more persons in the high and basic quality groups feel useful and wanted than in the low quality group. In the high quality group, most of the persons are married and live together with their spouses. The family ties are close and deep. These people have access to social networks and have the possibility to mobilize its resources in times of need. It is possible that their access to well-functioning social networks makes them feel useful and wanted. In the basic quality group, life conditions have changed for many women who are now widowed or divorced and live alone. But, they are now more engaged in their adult children's families and their contacts with siblings have increased. They feel wanted. Regarding the low quality group, primary relations are rather unsatisfactory and there are conflicts. Life conditions are emotionally unfavourable and social networks very loose-knit. This may be one of the reasons that they feel themselves useless and unwanted. Obviously, the feeling of being useful is lost very quickly with loss of quality in one's relations. But it should be noted that the group as a whole feels slightly less useful now than before.

Small physical changes, loss of roles and even disruption of activities do not automatically lead to changes in personal perceptions and even a lack of quality does not seem to bring about traumatic changes in personal perceptions. However, changes in roles in the primary network do affect the individual's daily life and sources of care.

Self-perceptions seem to depend on the personal implications of the changes in one's life. It seems that people, through "selective perception" and "selective memories", maintain consistency in their self-perceptions. The perceptions of the past more or less remain unchanged. There are a few individuals in each group who report changes in their self-perceptions. From a developmental perspective, each change has to be seen from the viewpoint of the individual's personal needs, learned patterns and life style. Past experiences help in present situations. People have different psychological strategies to accept or deny that which is favourable or unfavourable to their conception of the self.

People age according to a pattern that has a long history and that maintains itself with adaptation to the end of life (Neugarten, Havighurst & Tobin, 1968, pp. 176-177).

I may conclude that there is no strong general and systematic dependency of a person's self-conception on his/her quality in relations. The objective changes in life situations in old age do not seem to affect the self-conception of the aged. This discussion based on group characteristics does not exclude the possibility of individual variations that are very important for personal situations as seen in the previous chapter.

7.5 GENERAL SUMMARY AND CONCLUSIONS

The focus of this study is on the quality in social relations and self-conception of the aged. The measuring instruments are interviews with predetermined open and closed questions and are described above in chapter 5. There is no undue influence from the interviewers on the results; the reliability is generally high as measured by the correspondence between the response distributions of the two different interviewers, each interviewing half of the group. (See also appendix 5).

The instrument for measuring the quality of these aged's social network is built upon Maslow's needs theory and other relevant literature (see above, p. 18) with the aim to determine the satisfaction of the needs of the elderly people. The instrument measures six "dimensions" of quality that correspond to the satisfaction of six needs.

The dimensions of quality are measured at the time of the interviews with the respondents. The instrument's capacity to reflect changes over the life course is limited. However, by examining the sources of needs satisfaction, I gain some insight into the developmental basis of the relations.

The dimensions of quality in this study are categorized into two parts, the necessary dimensions and the others, following the reasoning of Maslow (1954) that there exists a hierarchy of various human needs. The

application of the instrument to the group resulted in three categories (ch. 5.6 or p?).

The question is how well the actual data correspond to the original idea of a hierarchy among the needs. The people in the high quality category (12 people) give us no information on this issue since they have all the dimensions and are completely satisfied. The people in the basic category (18 people) correspond to the assumed hierarchy since they fulfil the criteria of having the required necessary dimensions and are not completely satisfied. People in the low category do not have all the necessary dimensions and are not satisfied. Having considered these factors, I may say that the assumed hierarchy seems to be valid.

Quality in social network is the satisfaction of particular needs which presuppose geographical proximity, certain type of household structure, interaction within one's social network, (i.e. certain frequency in contacts) and feeling of adequacy of these contacts (ch. 7.3). Such arrangements (conditions) make it easier for the aged parents and adult children to satisfy their needs of autonomy and closeness to each other.

Most of the aged people in this group, are satisfied with their contacts. This result is in line with other studies that have indicated good contacts between the aged parents and their adult children (Samuelsson, 1981; Shanas et al., 1968; Winqvist, 1983). The assumption that modern societies separate the older parents and their children is not supported by this study.

The older people maintain contacts with their siblings, relatives, friends and neighbours, but it is the kinship network (children and siblings) which is active in terms of frequency in contacts and has priority over other networks.

Neighbours are seldom utilized as a social resource. This trend is supported by Svanborg's (1975) longitudinal study and even Samuelsson's study (1981).

Viewing the sources of needs satisfaction from a developmental perspective, most people of the high and basic quality groups (30 people),

have access to persons who satisfy their different needs and their relations with these persons have been developed over many years.

Quality primarily characterizes relations with members of one's own family (one's spouse and children). Family relations still provide for social and emotional roles (Seelback & Hansen, 1980). In case of loss of one's family, one turns to one's siblings. Good relations with siblings during a younger age are a source of needs satisfaction in old age.

In case of lack of children and siblings, one turns to non-family members. One's peers are important and a link to one's past. One shares old memories with them but it is the family who primarily takes care of its members in times of need. The substitutes for lost roles are found within one's "modified extended family".

This is in line with Holter et al.'s study (1976) that in spite of changes in family structure and functions due to modernization, the expressive functions of the family are not affected. It is the instrumental functions which have been taken over by other institutions outside family that are new elements. But in my study, the family members also satisfy the instrumental needs of their aged.

Some persons do not have all the necessary dimensions and thus lack quality. However, they have access to primary networks that theoretically could satisfy their needs but do not. Just being married, having children, siblings or friends is not enough for needs satisfaction if the relations are dysfunctional. I may conclude that relations developed during the whole course of life are the ones which become sources of needs satisfaction. Loss of roles in old age can be compensated for if one has quality in one's social network.

Most of the aged in the interviewed group are not socially isolated. The popular belief in society that old people in general are socially isolated is not supported by this study. Loneliness is a problem for some men and women. This is in line with the results of other empirical research (Andersson, 1982; Rubenstein, Shaver & Peplau, 1979; Tornstam, 1988).

The elderly's self-conception is measured with the help of an instrument which is built upon a developmental perspective and relevant literature with the aim to reflect the change as well as stability over the life course. It examines the respondents' perceptions of themselves in the past and present and gives us insight into its course of development.

The respondent's self perceptions are only very slightly influenced by quality in social network and seem to be more or less stable with time with a few exceptions.

As a matter of fact, the individuals' perceptions of themselves seem to be based on the personal life-long experiences, values, attitudes, needs and personal qualities, which constitute the internal frame of reference. People perceive the occurring changes and make sense of them during old age in a manner which fits their internal frame of reference built up during the whole life.

However, the importance of social network and its influence on self-perceptions during old age seems to depend on the individual meaning given to the personal social network. As Neugarten, Havighurst and Tobin, (1968) point out:

> "*...the individual seems to continue to make his own 'impress' upon the wide range of social and biological changes. He continues to exercise choice and to select from the environment in accordance with his long established needs. He ages according to a pattern that has a long history and that maintains itself, with adaptation, to the end of life*". *(Pp. 176-177.)*

The data do support a life-view perspective on old age, which means that aging is more or less an individual process and one ages in an individual way.

The results of this study do not support the activity or disengagement theories. There is neither complete engagement nor complete disengagement from activities or relations. Disengagement in one area seems to be balanced by more engagement in another. People engage themselves in activities or relations which are possible in the new situation

or accept discontinuity as it is, which is in line with the view that activity and disengagement complement each other as discussed in chapter two.

The results from this study do not give any general support for a role theoretical perspective. Those who lose roles involve themselves more in the roles that are still available to them. This is in congruence with other empirical research (Andersson, 1982; Blau, 1973; Tornstam, 1988)

Most of the people with quality in relations socialize with their significant others more than with "generalized others" (formal organizations, associations etc.) and are satisfied. This indicates an indirect support of the symbolic interaction theory.

These results are relevant to pedagogics since pedagogics has tools at its disposal to influence the attitudes of the people, young and old, towards one another, to self and to other situations in life such as retirement, death, age, etc. This study shows that quality characterizes kinship network, which provides care and support and is a major source of needs satisfaction in old age. It also shows the developmental basis of both quality in social network and one's experiences of self, others and other social situations in life. This means that one's attitudes to each other and to one's age, retirement, death, etc., are communicated and learnt very early in one's life through a socialisation process. Since attitudes are the basis of social relations (Mead, 1934), it is the task of pedagogics to influence, on the basis of the gerontological facts, the individuals' way of perceiving and relating to others, to old age, (their own and of others) and thus develop communication between the generations. This study indicates that one's sense of independence, i.e. one's capacity to manage one's daily household chores without any help from others, is important and it makes them feel healthy. Pedagogics may have an important function in this area.

Conclusions

I draw the following conclusions regarding this group of elderly people: These elderly people are not socially isolated. They have frequent social contacts but quantity alone contributes neither to quality nor to satis-

faction. Quality in social contacts develops through a life long process of social interactions with the significant others in life.

Loss of roles in old age can be compensated for if one has quality in one's social network. Old relations, once established, can be taken up again.

Good relations with siblings during younger years are a great resource in old age. Since the aged were brought up at a time when it was usual to have many siblings, siblings as a resource in old age is the privilege of this age cohort which may differ greatly in the future cohorts. The question is; who will compensate for these role losses for future elderly who do not have many siblings?

Neighbours and friends are not utilized as social resources.

Loss of social roles in old age and even a lack of quality don't bring about big changes in one's personal perceptions, but quality does affect the individual's daily life and sources of care.

Aging is an individual process.The social definition of old age, i.e. to regard people old at the age of 65 (retirement) and treat them as a homogenous group is not supported by this study. This is a very important conclusion.

The physical limitations do not determine the way one lives or feels. The need to be independent, to continue to manage one's daily chores without any formal help and stay healthy are important. I wonder what will happen to the aged's quality in social network and self-perceptions when they can no longer manage their lives without help from others?

Aging people should not be viewed only in their present social context but their past history also has to be taken in consideration since obviously many phenomena depend on long term developing processes.

7.6 SUGGESTIONS FOR FURTHER WORK

Demographic statistics show that the older people in the "old-old" category are going to increase in the Swedish society. It can be expected that many of these will be single, sickly and lonely women. The probability of being left alone is very high for women. In these days of economic cuts and meagre personnel resources, there is a need for an informal network resource, which may relieve relatives from the burden of caring. Moreover, in a poor or small social network, few people will feel obliged to do heavy work. The older women in the category "young-old" can be used as a resource for those who are very old and need help.

This study shows that family provides all types of support. Neighbours and friends are not utilized as support networks in times of serious need. In the future it is important to utilize this resource.

For married women, there are disruptions due to the death of their partners, which may be traumatic experiences. It is important to help them work through their sorrow and grief. There must be some "authority" which supports these women in mourning.

Death is an unknown power but sorrow and loss are hard realities for both the person who is dying and the survivor. It is important to talk openly about death. Through such openness, we can be a resource for the dying and for those who are afraid to die. It is important to prepare the involved persons for death. Aged women who take care of their aged partners especially need support.

This study shows that particularly the kinship network is important and gives quality to one's life in old age. I suggest that an investigation is made regarding how this resource should be stimulated and utilized and how provisions should be made at the individual and interpersonal levels to support the maintenance of these contacts.

The most important suggestion to all the readers of this thesis is to reflect on their own attitudes towards old age in general and to their own

aging process in particular. This may be the first step to initiate a change informally.

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APPENDIX 1,

PRECONDITIONS

The wordings of the questions and for the closed questions the response alternatives, are translations of the Swedish text in questionnaire 1 and in the same order. The open questions are indicated with an asterisk after the number. For typical responses to these questions, please refer to the case presentations in chapter 6.

	Men	Women	Total	(%)
Living conditions:				
1*. What type is Your residence?				
Rented apartment	10	15	25	(64)
Condominium apartment	2	3	5	(13)
Own house	2	6	8	(21)
No response	0	1	1	(3)
2*. For how long have You been living in it?				
Less than 10 years	4	8	12	(31)
10 to 30 years	5	11	16	(41)
More than 30 years	5	6	11	(28)
3*. What do You wish about Your residence				
A more modern apartment	2	1	3	(8)
A cheaper residence	2	1	3	(8)
A more suitable size of the resid	3	3	6	(15)
A better location of the residence	1	0	1	(3)
Nothing or no response	6	20	26	(67)

	Men	Women	Total	(%)
4. Are You living alone or together with someone?				
Alone	1	15	16	(41)
Together with someone	13	10	23	(59)
5*. Who are You living together with?				
Spouse	13	8	21	(54)
Siblings	0	1	1	(3)
Children	0	1	1	(3)
Don't or no answer	1	15	16	(41)
6. Is there an elevator available at Your residence?				
Yes	7	14	21	(54)
No	7	11	18	(46)
7. Can You walk to the shopping centre?				
Yes	11	21	32	(82)
No	3	4	7	(18)
8. Can You walk to the post office?				
Yes	12	20	32	(82)
No	2	5	7	(18)
9. Can You walk to the bus stop?				
Yes	13	21	34	(87)
No	1	4	5	(13)
10. Can You walk to the bank?				
Yes	13	21	34	(87)
No	1	4	5	(13)
11. Is Your neighbourhood peaceful?				
Yes	12	23	35	(90)
No	2	2	4	(10)
12*. What do You wish about Your neighbourhood?				
Better service for retired people	0	1	1	(3)
"Better" neighbours	0	2	2	(5)
More suitable size	0	2	2	(5)
More central location	1	0	1	(3)
Better physical environment	4	1	5	(13)
Nothing or no response	9	19	28	(72)
Personal background:				
13. What is Your civil status?				
Unmarried	0	5	5	(13)
Married	13	9	22	(56)
Widow/widower	1	6	7	(18)
Divorced	0	5	5	(13)
14*. For how long have You been married?				
Less than 10 years	0	1	1	(3)
10 to 25 years	0	8	8	(21)
25 to 50 years	14	11	25	(64)

	Men	Women	Total	(%)
No response or not at all	0	5	5	(12)
15*. What is Your education				
"folkskola"	8	16	24	(62)
"realskola"	0	2	2	(5)
"gymnasium"	2	1	3	(8)
University education	4	3	7	(18)
No education	0	3	3	(8)
17. Where did You grow up?				
In the country	4	14	18	(46)
In a small town	2	2	4	(10)
In a big town	8	9	17	(44)
18. In which country did You grow up?				
In Sweden	12	24	36	(92)
Abroad	2	1	3	(8)
19*. Which was/were Your profession/professions?				
Qualified	2	1	3	(8)
Middle level	5	4	9	(23)
Unqualified	7	19	26	(67)
House wife	0	1	1	(3)
20. Are You still employed?				
Yes	2	1	3	(8)
No	12	24	36	(92)
21*. Has Your income changed considerably?				
Yes	8	5	13	(33)
No	6	20	26	(67)
22*. If it does, in what way?				
An increase	1	3	4	(10)
A decrease	7	4	11	(28)
No response or no change	6	18	24	(62)
23. Do You have any kind of home help?				
Yes	1	1	2	(5)
No	13	24	37	(95)
Health status:				
24. How is Your hearing?				
Good	7	21	28	(72)
Bad	7	4	11	(28)
25. Are You using any hearing aids?				
Yes	4	1	5	(13)
No	10	24	34	(87)
26. How is Your eye-sight?				
Good	12	18	30	(77)
Bad	2	7	9	(23)
27. Can You move around freely without problem?				

	Men	Women	Total	(%)
Yes	12	21	33	(85)
No	2	4	6	(15)
28. Are You using anything to increase Your mobility?				
Yes	4	2	6	(15)
No response	0	1	1	(3)
No	10	22	32	(82)
29. Do You have any diseases?				
Yes	11	14	25	(64)
No	3	11	14	(36)
30. Do You use any medicine?				
Yes	12	14	26	(67)
No	2	11	13	(34)
31. Are You visiting a physician or any other form of health care regularly?				
Yes	14	20	34	(87)
No	0	5	5	(13)
32. How is Your sleep?				
Good	10	11	21	(54)
Fairly good	4	8	12	(31)
Bad	0	6	6	(15)
33. Do You use any sedatives?				
Yes	2	6	8	(21)
Sometimes	1	2	3	(8)
No	11	17	28	(72)
34. Do You remember what happened a long time ago, e.g. in Your childhood?				
Yes	13	25	38	(97)
No	1	0	1	(3)
35. Do You remember what happened a short time ago, e.g. yesterday?				
Yes	11	17	28	(72)
Not completely	1	5	6	(15)
No	2	3	5	(13)
36*. What changes in Your appearance have You noticed with age?				
Nothing	2	2	4	(10)
Minor physical changes like wrinkles and grey hair	9	13	22	(56)
Major physical changes	1	3	4	(10)
All kinds of changes	2	7	9	(23)
Experiences of life:				
37*. Do You have anything in Your past that has been especially important for You?				
A rewarding work	2	0	2	(5)
A rewarding work and family	1	0	1	(3)

	Men	Women	Total	(%)
A positive upbringing	1	4	5	(13)
A negative upbringing	2	2	4	(10)
A positive marriage	2	3	5	(13)
A negative marriage	0	1	1	(3)
All deaths	2	8	10	(26)
Nothing	4	7	11	(28)
38. Did You make definite plans for Your future when You were young?				
Yes	9	15	24	(62)
No	5	10	15	(39)
39. If You made plans, did they become reality?				
Yes	5	5	10	(26)
No	9	20	29	(74)
40. Do You believe in God?				
Yes	8	14	22	(56)
Hesitant	1	3	4	(10)
No	5	8	13	(33)
41. Do You pray?				
Yes	6	16	22	(56)
Sometimes	2	2	4	(10)
No	6	7	13	(33)
42. Are Your prayers answered?				
Yes	5	12	17	(44)
Partly	2	4	6	(15)
No	7	9	16	(41)
43. How often do You think about death?				
Never	4	2	6	(15)
Seldom	6	8	14	(36)
Sometimes	1	5	6	(15)
Often	3	10	13	(33)
44. Do You discuss death with somebody?				
Yes	4	13	17	(44)
No	10	12	22	(56)
45*. If You do, with whom do You discuss it?				
With family and siblings	3	11	14	(36)
Outside the family	0	2	2	(5)
Both within and outside the family	1	1	2	(5)
No response	10	11	21	(54)
46. Have You made any plans for Your funeral?				
Yes	5	13	18	(46)
No	9	12	21	(54)
47. Have You made Your will?				
Yes	5	9	14	(36)
No	9	16	25	(64)

	Men	Women	Total	(%)
48*. Where do You wish to die?				
At home	6	11	17	(44)
At a hospital	2	7	9	(23)
No wish	6	7	13	(33)
Social Contacts:				
49. What do You do when You are alone?				
Active	2	2	4	(10)
Sometimes active, sometimes passive	2	3	5	(13)
Passive	10	19	29	(74)
No response	0	1	1	(3)
50*. What do You do when together with relatives or friends?				
"Being social"	10	19	29	(74)
Excursions	1	3	4	(10)
"Being social" and excursions	3	2	5	(13)
No response	0	1	1	(3)
51. Have Your activities changed lately?				
Yes	5	11	16	(41)
No	9	14	23	(59)
52*. Are there restrictions on Your activities, If so, what?				
Yes, health	4	8	12	(31)
Yes, economy	0	1	1	(3)
Yes, lack of company	1	0	1	(3)
Yes both health and economy	1	1	2	(5)
Yes, laziness	1	0	1	(3)
No	7	15	22	(56)
53*. What do You wish regarding Your activities?				
To travel more	2	2	4	(10)
To have more social contacts	0	1	1	(3)
To have a hobby	1	7	8	(21)
Nothing	11	14	25	(64)
No response	0	1	1	(3)
54*. What are Your expectations on the future in Your old age?				
Satisfied	0	2	2	(5)
Hope to stay healthy	6	8	14	(36)
Hope to have peace	3	6	9	(23)
Hope to get good care if falling ill	0	3	3	(8)
Hope to keep harmony in contacts	1	1	2	(5)
Nothing	4	5	9	(23)
55*. Who is old according to You?				
If You feel old	3	8	11	(28)
If You have lost Your physical mobility, Your ability to think and Your physical appearance	7	7	14	(36)

	Men	Women	Total	(%)
If You have bad health	2	5	7	(18)
If You are not active	2	1	3	(8)
If You have grown wicked and gr...	0	2	2	(5)
You are elderly above 70 and 80	0	2	2	(5)

APPENDIX 2A,

QUANTITY IN RELATIONS

The wordings of the questions and for the closed questions the re-sponse alternatives, are translations of the Swedish text in question-naire 2A and in the same order. (Several alternatives may be applicable to each respondent, and conversely some questions are not relevant at all for some respondents!) The open questions are indicated with an asterisk after the number. For typical responses to these questions, please refer to the case presentations in chapter 6.

	Men	Women	Total	(%)
1. Contact with children				
1.1 Do You have any children?				
Yes	11	21	32	(82)
No	3	4	7	(18)
1.2* Where do they live				
Share household	0	1	1	(3)
In "same town"	9	16	25	(64)
In "next town"	0	1	1	(3)
In "distant town in Sweden"	2	3	5	(13)

	Men	Women	Total	(%)
Outside Sweden	0	0	0	(0)
No children	3	4	7	(18)
1.3 Have You any contact with them?				
Yes	11	21	32	(82)
No	3	4	7	(18)
1.4* **How do You take contact?**				
Telephone and/or letter etc.	2	5	7	(18)
Meet, possibly combined with telephone etc.	9	15	24	(62)
Not at all	3	5	8	(21)
1.5* How often?				
Daily	3	11	14	(36)
Weekly	8	4	12	(31)
Monthly	0	6	6	(15)
Yearly	0	0	0	(0)
Rarely or never	3	4	7	(18)
1.6* Has Your contact changed?				
Increased	1	6	7	(18)
Constant	9	13	22	(56)
Decreased	0	2	2	(5)
1.7 Do You desire more contact with them?				
Yes	1	6	7	(18)
No	10	15	25	(64)
2. Contact with siblings				
2.1 Do You have any siblings?				
Yes	11	21	32	(82)
No	3	4	7	(18)
2.2* Where do they live				
Share household	0	1	1	(3)
In "same town"	5	11	16	(41)
In "next town"	3	3	6	(15)
In "distant town in Sweden"	1	4	5	(13)
Outside Sweden	2	1	3	(8)
No siblings	3	5	8	(21)
2.3 Have You any contact with them?				
Yes	10	15	25	(64)
"Sometimes"	1	3	4	(10)
No	3	7	10	(26)
2.4* How do You take contact?				
Telephone and/or letter etc.	6	9	15	(39)
Meet, possibly combined with telephone etc.	5	9	14	(36)
Not at all	3	7	10	(26)

	Men	Women	Total	(%)
2.5* How often?				
Daily	0	5	5	(13)
Weekly	2	8	10	(26)
Monthly	3	5	8	(21)
Yearly	4	1	5	(13)
Rarely or never	5	6	11	(28)
2.6* Has Your contact changed?				
Increased	3	7	10	(26)
Constant	7	10	17	(44)
Decreased	2	3	5	(13)
2.7 Do You desire more contact with them?				
Yes	2	1	3	(8)
No	9	20	29	(74)
3. Contact with grandchildren				
3.1 Do You have any grandchildren?				
Yes	10	21	31	(80)
No	4	4	8	(21)
3.2* Where do they live				
Share household	0	0	0	(0)
In "same town"	9	15	24	(62)
In "next town"	0	2	2	(5)
In "distant town in Sweden"	1	3	4	(10)
Outside Sweden	0	0	0	(0)
No grandchildren	4	5	9	(33)
3.3 Have You any contact with them?				
Yes	10	21	31	(79)
No	4	4	8	(21)
3.4* How do You take contact?				
Telephone and/or letter etc.	1	4	5	(13)
Meet, possibly combined with tel. ...	9	17	26	(67)
Not at all	4	4	8	(21)
3.5* How often?				
Daily	1	11	12	(31)
Weekly	7	4	11	(28)
Monthly	2	6	8	(21)
Yearly	0	0	0	(0)
Rarely or never	4	4	8	(21)
3.6* Has Your contact changed?				
Increased	0	6	6	(15)
Constant	10	14	24	(61)
Decreased	0	1	1	(3)
3.7 Do You desire more contact with them?				
Yes	2	5	7	(18)

	Men	Women	Total	(%)
No	12	20	32	(82)
4. Contact with relatives				
4.1* Where do Your relatives live?				
Share household	0	0	0	(0)
In "same town"	7	12	19	(49)
In "next town"	0	2	2	(5)
In "distant town in Sweden"	3	2	5	(13)
Outside Sweden	2	2	4	(10)
No relatives	2	7	9	(23)
4.2 Have You any contact with them?				
Yes	12	18	30	(77)
No	2	7	9	(23)
4.3* How do You take contact?				
Telephone and/or letter etc.	8	10	18	(46)
Meet, possibly combined with telephone etc.	4	8	12	(31)
Not at all	2	7	9	(23)
4.4* How often?				
Daily	1	0	1	(3)
Weekly	1	2	3	(8)
Monthly	2	4	6	(15)
Yearly	6	11	17	(44)
Rarely or never	4	8	12	(31)
4.5* Has Your contact changed?				
Increased	1	2	3	(8)
Constant	10	13	23	(59)
Decreased	0	4	4	(10)
No contact	3	6	9	(23)
4.6 Do You desire more contact with them?				
Yes	2	4	6	(15)
No	10	14	24	(62)
5. Contact with friends				
5.1 Do You have any friends?				
Yes	13	22	35	(90)
No	1	3	4	(10)
5.2* Where do they live?				
Share household	0	0	0	(0)
In "same town"	12	16	28	(72)
In "next town"	0	5	5	(13)
In "distant town in Sweden"	1	0	1	(3)
Outside Sweden	0	1	1	(3)
No friends	1	3	4	(10)
5.3* How do You take contact?				

	Men	Women	Total	(%)
Telephone and/or letter etc.	6	9	15	(38)
Meet, possibly combined with tel....	7	13	20	(51)
Not at all	1	3	4	(10)
5.4* How often?				
Daily	1	1	2	(5)
Weekly	7	6	13	(33)
Monthly	4	11	15	(38)
Yearly	1	4	5	(13)
Rarely or never	1	3	4	(10)
5.5* Has Your contact changed?				
Increased	1	0	1	(3)
Constant	8	20	26	(67)
Decreased	2	4	6	(15)
No contact	3	3	6	(15)
5.6 Do You desire more contact with them?				
Yes	1	3	4	(10)
No	13	20	33	(85)
6. Contact with neighbours				
6.1 Have You any contact with Yourneighbours?				
Yes	13	201	331	(85)
No	1	5	6	(15)
6.2* How do You take contact?				
Meet, possibly combined with tel....	4	9	13	(33)
"Staircase contact"	9	11	20	(51)
Not at all	1	5	6	(15)
6.3* Has Your contact changed?				
Increased	0	1	1	(3)
Constant	14	21	35	(90)
Decreased	0	3	3	(8)
6.4 Do You desire more contact with them?				
Yes	0	7	7	(18)
No	14	18	32	(82)

APPENDIX 2B,

QUALITY IN RELATIONS

The wordings of the questions, which are all open questions in this questionnaire, are translations of the Swedish text in questionnaire 2B and in the same order. (Several alternatives may be applicable to each respondent!) The open questions are indicated with an asterisk after the number. For typical responses to these questions, please refer to the case presentations in chapter 6.

	Men	Women	Total	(%)
1. Openness				
1.1* Do You have anyone to be open with? (Possibility)				
Yes	13	23	36	(92)
No	1	2	3	(8)
1.2* Who is this person? (Identity)				
No one	1	2	3	(8)
Family	11	16	27	(69)
Relative	2	2	4	(10)
Non-relative	0	5	5	(13)
1.3* Where does this person live? (Proximity)				
No one	1	2	3	(8)
Share household	3	2	5	(13)
At least one in Malmö	8	18	26	(67)
At least one in Sweden	2	3	5	(13)
At least one outside Sweden	0	0	0	(0)
1.4* What does openness mean to You? (Definition)				

	Men	Women	Total	(%)
Nothing or no response	1	2	3	(8)
Talking about physical aspects	11	16	27	(69)
-"- about psychological aspects	10	21	31	(80)
-"- about relations	12	16	28	(72)
-"- about daily events like shopping	8	16	24	(62)
-"- about existential matters, life, death, God, meaning with life	2	7	9	(23)
Talking about everything	0	5	5	(13)
1.5* is openness important to You? (Evaluation)				
No response	0	1	1	(3)
No	6	2	8	(21)
Yes	8	22	30	(77)
2. Availability				
Did You have anyone, who is available to You? (Possibility)				
Yes	13	24	37	(95)
No	1	1	2	(5)
2.2* Who is this person? (Identity)				
No one	1	1	2	(5)
Family	9	16	25	(64)
Relative	3	5	8	(21)
Non-relative	1	3	4	(10)
2.3* Where does this person live? (Proximity)				
No one	1	1	2	(5)
Share household	1	5	6	(15)
At least one in Malm	9	16	25	(64)
At least one in Sweden	3	3	6	(15)
At least one outside Sweden	0	0	0	(0)
2.4* What does availability mean to You? (Definition)				
Nothing or no response	1	1	2	(5)
A person can be reached at home, at work and in his/her free time, i.e. his whereabouts are known	10	16	26	(67)
A person is available in difficult as well as daily situations	12	19	31	(80)
2.5* Is availability important to You? (Evaluation)				
No response	0	1	1	(3)
No	4	2	6	(15)
Practical	10	22	32	(82)
3. Mutuality				
3.1* Do You have someone with whom You can exchange help?				
Yes	13	22	35	(90)
No	1	3	4	(10)
3.2* Who is this person? (Identity)				

	Men	Women	Total	(%)
No one	1	3	4	(10)
Family	9	14	23	(59)
Relative	1	4	5	(13)
Non-relative	3	4	7	(18)
3.3* Where does this person live? (Proximity)				
No one	1	3	4	(10)
Share household	3	2	5	(13)
At least one in Malm	10	19	29	(74)
At least one in Sweden	0	1	1	(3)
At least one outside Sweden	0	0	0	(0)
3.4* What does mutuality mean to You? (Definition)				
Nothing or no response	1	3	4	(10)
Practical help	13	21	34	(87)
Mutual care	9	18	27	(69)
Psychological help	4	13	17	(44)
Financial help	3	3	6	(15)
3.5* Is mutuality important to You? (Evaluation)				
No response	0	0	0	(0)
No	4	3	7	(18)
Yes	10	22	32	(82)
4. Continuity				
4.1* Do You have a long lasting relation to someone outside the family?				
Yes	11	14	25	(64)
No	3	11	14	(36)
4.2* Who is this person? (Identity)				
No one	3	11	14	(36)
Family	1	1	2	(5)
Relative	2	4	6	(15)
Non-relative	8	9	17	(44)
4.3* Where does this person live? (Proximity)				
No one	3	11	14	(36)
Share household	1	1	2	(5)
At least one in Malm	6	7	13	(33)
At least one in Sweden	3	5	8	(21)
At least one outside Sweden	1	1	2	(5)
4.4* What does continuity mean to You? (Definition)				
Nothing or no response	3	11	14	(36)
It means common background	10	13	23	(59)
It means relations at present	3	9	12	(31)
4.5* Is continuity important to You? (Evaluation)				
No response	1	5	6	(15)
No	1	2	3	(8)
Yes, dull without it	12	18	30	(77)

	Men	Women	Total	(%)
5. Closeness				
5.1* Do You have someone emotionally close to You? (Possibility)				
Yes	13	23	36	(92)
No	1	2	3	(8)
5.2* Who is this person? (Identity)				
No one	1	2	3	(8)
Family	10	19	29	(74)
Relative	3	4	7	(18)
Non-relative	0	0	0	(0)
5.3* Where does this person live? (Proximity)				
No one	1	2	3	(8)
Share household	9	6	15	(38)
At least one in Malm	2	16	18	(46)
At least one in Sweden	2	1	3	(8)
At least one outside Sweden	0	0	0	(0)
5.4* What does closeness mean to You? (Definition)				
Nothing or no response	1	2	3	(8)
It means emotional nearness	13	23	36	(92)
5.5* Is closeness important to You? (Evaluation)				
No response	0	0	0	(0)
No	1	3	4	(10)
Unsure	1	0	1	(3)
Yes	12	22	34	(87)
6. Belongingness				
6.1* Do You have anyone or any place where You feel a sense of belonging? (Possibility)				
Yes	7	17	24	(62)
No	7	8	15	(38)
6.2* Who or what is this? (Identity)				
No one	7	8	15	(38)
Family	0	9	9	(23)
Relative	3	3	6	(15)
Non-relative	0	4	4	(10)
Non-person	4	1	5	(13)
6.3* Where does this person live or other object situated? (Proximity)				
No one	7	8	15	(38)
Share household	0	1	1	(3)
At least one in Malm	2	9	11	(28)
At least one in Sweden	4	6	10	(26)
At least one outside Sweden	1	1	2	(5)
6.4* What does belongingness mean to You? (Definition)				
Nothing or no response	7	8	15	(38)
Affinity to a particular place	5	5	10	(26)

	Men	Women	Total	(%)
Affinity or solidarity with a person	4	16	20	(51)
Feeling of basic security	5	16	21	(54)
6.5* Is belongingness important to You? (Evaluation)				
No response	3	5	8	(20)
No	4	0	4	(10)
Doubtful	0	3	3	(8)
Yes	7	17	24	(62)

APPENDIX 3

SELF-CONCEPTION

Distrii ion of the respondents answers to questionnaire 3, which contains only closed questions. The first columns, "Present", contain the responses to the question as stated. The next columns, "Past", contain the responses to the same question but in the past tense. The last columns, "Importance", contain the responses to the question if the subject of the "present" and "past" columns is important to them. For these last columns, the alternatives range from "very important" to "very unimportant" in the same order as for the other columns. This text is however omitted to make the table easier to read without sacrificing the overview over "present", "past" and "importance". The wordings of the questions and the response alternatives are translations of the Swedish text in the questionnaire and in the same order.

	Present			Past			Importance		
	M	W	Tot	M	W	Tot	M	W	Tot
1. Do You think Your health is									
very good?	3	5	8	13	11	24	13	25	38
fairly good?	10	19	29	1	11	12	1	0	1
neither/nor?	0	0	0	0	1	1	0	0	0
fairly bad?	0	1	1	0	2	2	0	0	0
very bad?	1	0	1	0	0	0	0	0	0
No answer/not relevant	0	0	0	0	0	0	0	0	0
5. Do You think Your appearance is									
very good?	1	0	1	2	4	6	6	8	14
fairly good?	6	15	21	7	18	25	1	8	9
neither/nor?	6	9	15	4	2	6	2	0	2
fairly bad?	1	0	1	1	0	1	4	7	11
very bad?	0	1	1	0	1	1	1	2	3
No answer/not relevant	0	0	0	0	0	0	0	0	0
9. In relation to Your age, do You feel									
much younger?	3	5	8	6	4	10	9	18	27
somewhat younger?	4	16	20	3	15	18	2	3	5
about my age?	5	2	7	4	4	8	2	2	4
somewhat older?	2	2	4	1	1	2	0	2	2
much older?	0	0	0	0	1	1	0	1	1
No answer/not relevant	0	0	0	0	0	0	0	0	0
12. Do You regard Your contacts with Your children as									
very good?	10	21	31	9	21	30	10	21	31
fairly good?	1	0	1	2	0	2	0	0	0
neither/nor?	0	0	0	0	0	0	1	0	1
fairly bad?	0	0	0	0	0	0	0	0	0
very bad?	0	0	0	0	0	0	0	0	0
No answer/not relevant	3	4	7	3	4	7	3	4	7
15. Do You regard Your contacts with Your relatives as									
very good?	3	11	14	3	12	15	4	12	16
fairly good?	7	3	10	7	3	10	6	3	9
neither/nor?	0	1	1	0	2	2	0	2	2
fairly bad?	2	2	4	2	2	4	1	2	3
very bad?	0	1	1	0	0	0	1	0	1
No answer/not relevant	2	7	9	2	6	8	2	6	8
18. Do You regard Your contacts with Your siblings as									
very good?	4	13	17	4	14	18	7	18	25
fairly good?	4	3	7	5	5	10	5	3	8
neither/nor?	2	1	3	2	1	3	0	0	0

	Present			Past			Importance		
	M	W	Tot	M	W	Tot	M	W	Tot
fairly bad?	0	2	2	0	0	0	0	0	0
very bad?	1	1	2	1	1	2	0	0	0
No answer/not relevant	3	5	8	2	4	6	2	4	6
21. Do You regard Your contacts with Your friends as									
very good?	8	15	23	8	15	23	10	17	27
fairly good?	5	7	12	5	8	13	2	7	9
neither/nor?	1	0	1	1	0	1	1	0	1
fairly bad?	0	2	2	0	1	1	0	0	0
very bad?	0	0	0	0	0	0	0	0	0
No answer/not relevant	0	1	1	0	1	1	1	1	2
24. Do You think Your marriage works									
very well?	9	6	15	9	13	22	12	19	31
fairly well?	4	2	6	4	3	7	2	2	4
neither/nor?	0	0	0	0	0	0	0	0	0
fairly badly?	0	0	0	0	3	3	0	0	0
very badly?	0	1	1	1	2	3	0	0	0
No answer/not relevant	1	16	17	0	4	4	0	4	4
27. Do You regard Yourself as a human being as									
very appreciated?	2	13	15	3	15	18	4	21	25
fairly appreciated?	10	11	21	9	9	18	8	1	9
neither/nor?	2	1	3	2	1	3	1	3	4
fairly unappreciated?	0	0	0	0	0	0	0	0	0
very unappreciated?	0	0	0	0	0	0	1	0	1
No answer/not relevant	0	0	0	0	0	0	0	0	0
30. Do You think that as a parent You are									
very appreciated?	8	16	24	7	17	24	10	20	30
fairly appreciated?	2	5	7	3	4	7	1	1	2
neither/nor?	1	0	1	1	0	1	0	0	0
fairly unappreciated?	0	0	0	0	0	0	0	0	0
very unappreciated?	0	0	0	0	0	0	0	0	0
No answer/not relevant	3	4	7	3	4	7	3	4	7
33. Do You think that Your professional work is									
very appreciated?	11	17	28	11	17	28	11	23	34
fairly appreciated?	3	4	7	3	4	7	2	0	2
neither/nor?	0	0	0	0	0	0	1	0	1
fairly unappreciated?	0	1	1	0	1	1	0	0	0
very unappreciated?	0	0	0	0	0	0	0	0	0
No answer/not relevant	0	3	3	0	3	3	0	2	2
36. Do You think that Your domestic work is									
very appreciated?	5	15	20	5	16	21	7	23	30
fairly appreciated?	4	9	13	4	6	10	2	2	4
neither/nor?	2	0	2	2	1	3	1	0	1

	Present			Past			Importance		
	M	W	Tot	M	W	Tot	M	W	Tot
fairly unappreciated?	2	0	2	2	2	4	2	0	2
very unappreciated?	0	0	0	0	0	0	1	0	1
No answer/not relevant	1	1	2	1	0	1	1	0	1
39. Do You regard retirement as									
very welcome?	6	8	14	6	4	10	8	15	23
fairly welcome?	3	6	9	2	3	5	2	5	7
neither/nor?	0	2	2	0	3	3	1	2	3
fairly unwelcome?	2	2	4	2	5	7	1	1	2
very unwelcome?	3	5	8	4	7	11	2	0	2
No answer/not relevant	0	2	2	0	3	3	0	2	2
42. Are You satisfied with Your leisure activities?									
Very satisfied	7	14	21	8	14	22	10	19	29
Rather satisfied	7	7	14	5	5	10	4	4	8
Neither/nor	0	0	0	1	3	4	0	0	0
Rather dissatisfied	0	2	2	0	2	2	0	1	1
Very dissatisfied	0	2	2	0	1	1	0	1	1
No answer/not relevant	0	0	0	0	0	0	0	0	0
45. Do You think that Your work in clubs and associations is									
very appreciated?	2	4	6	4	5	9	4	6	10
fairly appreciated?	2	3	5	4	3	7	5	2	7
neither/nor?	2	1	3	1	1	2	1	1	2
fairly unappreciated?	2	0	2	1	0	1	0	0	0
very unappreciated?	1	0	1	0	0	0	0	0	0
No answer/not relevant	5	17	22	4	16	20	4	16	20
48. Do You regard Your life									
very meaningful?	2	10	12	10	18	28	11	25	36
fairly meaningful?	10	14	24	4	6	10	2	0	2
neither/nor?	2	0	2	0	0	0	0	0	0
fairly meaningless?	0	1	1	0	0	0	0	0	0
very meaningless?	0	0	0	0	1	1	1	0	1
No answer/not relevant	0	0	0	0	0	0	0	0	0
51. Do You regard Death as									
very welcome?	2	0	2	0	0	0	10	18	28
fairly welcome?	0	4	4	0	0	0	2	6	8
neither/nor?	2	6	8	1	6	7	1	0	1
fairly unwelcome?	3	5	8	4	9	13	0	0	0
very unwelcome?	7	10	17	9	10	19	1	1	2
No answer/not relevant	0	0	0	0	0	0	0	0	0
54. About religion, are You a									
strong believer?	1	2	3	1	3	4	8	15	23
believer?	6	8	14	6	7	13	1	6	7
neither/nor?	3	9	12	3	9	12	1	3	4

	Present			Past			Importance		
	M	W	Tot	M	W	Tot	M	W	Tot
doubtful?	3	4	7	3	4	7	2	1	3
very doubtful?	1	2	3	1	2	3	2	0	2
No answer/not relevant	0	0	0	0	0	0	0	0	0
57. Do You regard Your contacts with Your parents as									
very good?	0	0	0	9	19	28	13	24	37
fairly good?	0	0	0	4	2	6	1	1	2
neither/nor?	0	0	0	0	2	2	0	0	0
fairly bad?	0	0	0	0	0	0	0	0	0
very bad?	0	0	0	1	2	3	0	0	0
No answer/not relevant	14	25	39	0	0	0	0	0	0
60. Do You regard the circumstances You were brought up under as									
very good?	7	17	24	7	17	24	12	23	35
fairly good?	2	4	6	2	4	6	2	2	4
neither/nor?	2	3	5	2	3	5	0	0	0
fairly bad?	2	1	3	2	1	3	0	0	0
very bad?	1	0	1	1	0	1	0	0	0
No answer/not relevant	0	0	0	0	0	0	0	0	0
63. Do You regard Your education as									
quite sufficient?	3	2	5	2	3	5	14	21	35
almost sufficient?	2	8	10	2	6	8	0	3	3
neither/nor?	0	0	0	0	0	0	0	0	0
rather insufficient?	8	6	14	9	9	18	0	0	0
very insufficient?	1	8	9	1	6	7	0	0	0
No answer/not relevant	0	1	1	0	1	1	0	1	1
66. How do You rate socializing with people You know?									
Very easy	6	18	24	8	17	25	11	24	35
Fairly easy	5	6	11	5	8	13	2	1	3
Neither/nor	0	1	1	0	0	0	0	0	0
Rather difficult	3	0	3	1	0	1	0	0	0
Very difficult?	0	0	0	0	0	0	1	0	1
No answer/not relevant	0	0	0	0	0	0	0	0	0
69. Do You regard Your self-confidence as									
very good?	4	7	11	6	7	13	11	24	35
fairly good?	9	12	21	8	10	18	3	1	4
neither/nor?	0	3	3	0	3	3	0	0	0
fairly bad?	1	2	3	0	4	4	0	0	0
very bad?	0	1	1	0	1	1	0	0	0
No answer/not relevant	0	0	0	0	0	0	0	0	0
72. Do You regard Your possibilities to lead an independent life are									
very good?	6	14	20	7	11	18	11	22	33
fairly good?	6	10	16	7	11	18	1	3	4
neither/nor?	1	0	1	0	0	0	2	0	2

	Present			Past			Importance		
	M	W	Tot	M	W	Tot	M	W	Tot
fairly bad?	**0**	**1**	**1**	**0**	**3**	**3**	**0**	**0**	**0**
very bad?	1	0	1	0	0	0	0	0	0
No answer/not relevant	0	0	0	0	0	0	0	0	0
75. Do You regard the domestic help You get as									
quite satisfactory?	1	1	2	0	1	1	1	1	2
almost satisfactory?	0	0	0	0	0	0	0	0	0
neither/nor?	0	0	0	0	0	0	0	0	0
rather unsatisfactory?	0	0	0	0	0	0	0	0	0
very unsatisfactory?	0	0	0	0	0	0	0	0	0
No answer/not relevant	13	24	37	14	24	38	13	24	37
78. Do You regard Yourself lonely?									
Almost always	0	0	0	0	1	1	9	22	31
Often	0	4	4	0	1	1	3	2	5
Sometimes	5	6	11	1	6	7	1	0	1
Seldom	1	2	3	3	3	6	1	1	2
Almost never	8	13	21	10	14	24	0	0	0
No answer/not relevant	0	0	0	0	0	0	0	0	0
81. Do You regard Yourself useful?									
Very much	3	7	10	7	15	22	11	22	33
Not so much	4	8	12	4	7	11	2	3	5
Neither/nor	2	2	4	1	0	1	1	0	1
Rather little	4	6	10	2	3	5	0	0	0
Very little	1	2	3	0	0	0	0	0	0
No answer/not relevant	0	0	0	0	0	0	0	0	0
84. Do You regard Yourself as active in political matters?									
Very much	1	0	1	1	0	1	2	3	5
Not so much	0	0	0	1	1	2	3	5	8
Neither/nor	1	1	2	0	1	1	0	2	2
Rather little	1	1	2	2	1	3	1	0	1
Very little	7	19	26	6	18	24	4	12	16
No answer/not relevant	4	4	8	4	4	8	4	3	7

APPENDIX 4, HIGH, BASIC AND LOW QUALITY GROUPS

This appendix displays data distributed over the high, basic and low quality groups for important questions from all the questionnaires. Open questions are indicated by an asterisk after the number.

	High		Basic		Low	
	M	W	M	W	M	W
Preconditions						
4. Are You living alone or together with somebody?						
Alone	1	3	0	7	0	5
Together with someone	4	4	7	4	2	2
13. What is Your civil status?						
Unmarried	0	2	0	1	0	2
Married	4	5	7	2	2	2
Widow/widower	1	0	0	5	0	1
Divorced	0	0	0	3	0	2
17. Where did You grow up?						
In the country	1	4	3	7	0	3
In a small town	0	0	2	1	0	1
In a big town	4	3	2	3	2	3
19*. Which was/were Your profession/professions						
Qualified	1	1	1	0	0	0
Middle level	3	1	1	2	1	1
Unqualified	1	4	5	9	1	6
House wife	0	1	0	0	0	0
21*. Will Your income change considerably?						
Yes	2	1	5	1	1	3
No	3	6	2	10	1	4

	High		Basic		Low	
	M	W	M	W	M	W
23. Do You have any kind of home help?						
Yes	1	0	0	1	0	0
No	4	7	7	10	2	7
24. How is Your hearing?						
Good	3	6	3	9	1	6
Bad	2	1	4	2	1	1
26. How is Your eye-sight?						
Good	4	6	6	8	2	4
Bad	1	1	1	3	0	3
27. Can You move around freely without problem?						
Yes	3	6	7	8	2	7
No	2	1	0	3		0
29. Do You have any diseases?						
Yes	3	5	6	4	2	5
No	2	2	1	7	0	2
30. Do You use any medicine?						
Yes	4	5	6	4	2	5
No	1	2	1	7	0	2
32. How is Your sleep?						
Good	4	3	5	6	1	2
Fairly good	1	2	2	2	1	4
Bad	0	2	0	3	0	1
34. Do You remember what happened a long time ago, e.g. in Your childhood?						
Yes	4	7	7	11	2	7
No	1	0	0	0	0	0
35. Do You remember what happened a short time ago, e.g. yesterday?						
Yes	4	6	5	6	2	5
Not completely	0	1	1	4	0	0
No	1	0	1	1	0	2
40. Do You believe in God?						
Yes	2	5	4	6	2	3
Yes and no	0	2	1	1	0	0
No	3	0	2	4	0	4
41. Do You pray?						
Yes	2	5	2	8	2	3
Sometimes	0	0	2	1	0	1
No	3	2	3	2	0	3
42. Are Your prayers answered?						
Yes	2	3	1	8	2	1
Partly	0	2	2	1	0	1
No	3	2	4	2	0	5

	High		Basic		Low	
	M	W	M	W	M	W
43. How often do You think about death?						
Never	0	0	4	2	0	0
Seldom	3	3	2	3	1	2
Sometimes	1	1	0	4	0	0
Often	1	3	1	2	1	5
Quantity in relations						
1. Contact with children						
1.1 Do You have any children?						
Yes	4	5	6	10	1	6
No	1	2	1	1	1	1
1.7 Do You desire more contact with them?						
Yes	1	2	0	1	0	3
No	3	3	6	9	1	3
2. Contact with siblings						
2.1 Do You have any siblings?						
Yes	4	6	5	10	2	5
No	1	1	2	1	0	2
2.7 Do You desire more contact with them?						
Yes	1	0	1	0	0	1
No	3	6	4	10	2	4
4. Contact with relatives						
4.2 Have You any contact with Your relatives?						
Yes	4	6	6	8	2	4
No	1	1	1	3	0	3
4.6 Do You desire more contact with them?						
Yes	2	0	0	2	0	2
No	*2*	*6*	*6*	*6*	*2*	*2*
5. Contact with friends						
5.1 Do You have any friends?						
Yes	4	6	7	10	2	6
No	1	1	0	1	0	1
5.6 Do You desire more contact with them?						
Yes	1	0	0	1	0	2
No	4	7	7	9	2	4
6. Contact with neighbours						
6.4 Do You desire more contact with Your neighbours?						
Yes	0	1	0	2	0	4
No	5	6	7	9	2	3
Quality in relations						
1. Openness						
1.1* Do You have anyone to be open with?						
Yes	5	7	7	11	1	5
No	0	0	0	0	1	2

	High		Basic		Low	
	M	W	M	W	M	W
2. Availability						
2.1* Do You have anyone, who is available to You in times of need?						
Yes	5	7	7	11	1	6
No	0	0	0	0	1	1
3. Mutuality						
3.1* Do You have someone with whom You can exchange help?						
Yes	5	7	7	11	1	4
No	0	0	0	0	1	3
4. Continuity						
4.1* Do You have a long lasting relation to someone outside the family?						
Yes	5	7	5	4	1	3
No	0	0	2	7	1	4
5. Closeness						
5.1* Do You have someone emotionally close to You?						
Yes	5	7	7	11	1	5
No	0	0	0	0	1	2
6. Belongingness						
6.1* Do You have anyone or any place where You feel a sense of belonging?						
Yes	5	7	0	6	2	4
No	0	0	7	5	0	3
Self-Conception						
1. Do You think Your health is						
very good?	1	3	2	1	0	1
fairly good?	4	4	5	9	1	6
neither/nor?	0	0	0	0	0	0
fairly bad?	0	0	0	1	0	0
very bad?	0	0	0	0	1	0
2. Did You think Your health was						
very good?	5	4	6	4	2	3
fairly good?	0	2	1	6	0	3
neither/nor?	*0*	*1*	*0*	*0*	*0*	*0*
fairly bad?	0	0	0	1	0	1
very bad?	0	0	0	0	0	0
4. Do You think good health is important?						
Very important	4	7	7	11	2	7
Fairly important	1	0	0	0	0	0
Neither/nor	0	0	0	0	0	0
Fairly unimportant	0	0	0	0	0	0
Very unimportant	0	0	0	0	0	0
5. Do You think Your appearance is						
very good?	0	0	1	0	0	0
fairly good?	1	6	4	4	1	5

	High		Basic		Low	
	M	W	M	W	M	W
neither/nor?	3	1	2	6	1	2
fairly bad?	1	0	0	0	0	0
very bad?	0	0	0	1	0	0
6. Did You think Your appearance was						
very good?	0	2	2	1	0	1
fairly good?	2	4	4	9	1	5
neither/nor?	3	1	1	1	0	0
fairly bad?	0	0	0	0	1	0
very bad?	0	0	0	0	0	1
8. Do You think a "good" appearance is important?						
Very important	2	3	3	3	1	2
Fairly important	1	2	0	3	0	3
Neither/nor	*1*	*0*	*1*	*0*	*0*	*0*
Fairly unimportant	1	2	2	4	1	1
Very unimportant	0	0	1	1	0	1
9. In relation to Your age, do You feel						
much younger?	1	3	1	1	1	1
somewhat younger?	1	4	2	9	1	3
about my age?	2	0	3	1	0	1
somewhat older?	1	0	1	0	0	2
much older?	0	0	0	0	0	0
10. In relation to Your age at the time, did You feel						
much younger?	2	2	2	1	2	1
somewhat younger?	1	3	2	7	0	5
about my age?	2	2	2	2	0	0
somewhat older?	0	0	1	1	0	0
much older?	0	0	0	0	0	1
11. Do You think it is important to feel young?						
Very important	3	4	4	8	2	6
Fairly important	0	1	2	2	0	0
Neither/nor	1	1	1	1	0	0
Fairly unimportant	0	1	0	0	0	1
Very unimportant	1	0	0	0	0	0
15. Do You regard Your contacts with Your relatives as						
very good?	2	6	0	5	1	0
fairly good?	2	0	4	2	1	1
neither/nor?	*0*	*0*	*0*	*0*	*0*	*1*
fairly bad?	0	0	2	0	0	2
very bad?	0	0	0	0	0	1
16. Did You regard Your contacts with Your relatives as						
very good?	2	6	0	6	1	0
fairly good?	2	0	4	2	1	1
neither/nor?	0	0	0	0	0	2

	High		Basic		Low	
	M	W	M	W	M	W
fairly bad?	0	0	2	0	0	2
very bad?	0	0	0	0	0	0
17. Do You think it is important to have good contacts with Your relatives?						
Very important	3	6	0	6	1	0
Fairly important	1	0	4	2	1	1
Neither/nor	0	0	0	0	0	2
Fairly unimportant	0	0	1	0	0	2
Very unimportant	0	0	1	0	0	0
21. Do You regard Your contacts with Your friends as						
very good?	3	6	5	7	0	2
fairly good?	2	0	2	4	1	3
neither/nor?	0	0	0	0	1	0
fairly bad?	0	1	0	0	0	1
very bad?	0	0	0	0	0	0
22. Did You regard Your contacts with Your friends as						
very good?	3	6	5	7	0	2
fairly good?	2	1	2	4	1	3
neither/nor?	0	0	0	0	1	0
fairly bad?	0	0	0	0	0	1
very bad?	0	0	0	0	0	0
23. Do You think it is important to have good contacts with Your friends?						
Very important	3	6	6	7	1	4
Fairly important	1	1	1	4	0	2
Neither/nor	0	0	0	0	1	0
Fairly unimportant	0	0	0	0	0	0
Very unimportant	0	0	0	0	0	0
39. Do You regard retirement as						
very welcome?	2	3	2	3	2	2
fairly welcome?	0	0	3	5	0	1
neither/nor?	0	1	0	1	0	0
fairly unwelcome?	0	0	2	0	0	2
very unwelcome?	3	1	0	2	0	2
40. Did You regard retirement as						
very welcome?	2	1	2	1	2	2
fairly welcome?	0	0	2	3	0	0
neither/nor?	0	2	0	1	0	0
fairly unwelcome?	0	1	2	2	0	2
very unwelcome?	3	1	1	3	0	3

	High		Basic		Low	
	M	W	M	W	M	W
41. Do You consider it important to feel that retirement is welcome?						
Very important	2	4	4	8	2	3
Fairly important	1	0	1	2	0	3
Neither/nor	1	1	0	1	0	0
Fairly unimportant	0	0	1	0	0	1
Very unimportant	1	0	1	0	0	0
51. Do You regard Death as						
very welcome?	0	0	1	0	1	0
fairly welcome?	0	0	0	4	0	0
neither/nor?	1	1	1	2	0	3
fairly unwelcome?	1	5	1	0	1	0
very unwelcome?	3	1	4	5	0	4
52. Did You regard Death as						
very welcome?	0	0	0	0	0	0
fairly welcome?	0	0	0	0	0	0
neither/nor?	0	1	1	4	0	1
fairly unwelcome?	2	4	1	1	1	4
very unwelcome?	3	[illegible]	5	6	1	2
53. Do You consider a positive attitude to de[illegible]a important?						
Very important	4	5	4	8	2	5
Fairly important	0	2	2	2	0	2
Neither/nor	1	0	0	0	0	0
Fairly unimportant	0	0	0	0	0	0
Very unimportant	0	0	1	1	0	0
63. Do You regard Your education as						
quite sufficient?	0	0	2	2	1	0
almost sufficient?	0	1	2	3	0	4
neither/nor?	0	0	0	0	0	0
rather insufficient?	5	2	2	2	1	2
very insufficient?	0	4	1	3	0	1
64. Did You regard Your education as						
quite sufficient?	1	1	1	2	0	0
almost sufficient?	0	1	2	3	0	2
neither/nor?	0	0	0	0	0	0
rather insufficient?	4	3	3	2	2	4
very insufficient?	0	2	1	3	0	1
65. Do You think it is important to have a good education?						
Very important	5	6	7	9	2	6
Fairly important	0	1	0	1	0	1
Neither/nor	0	0	0	0	0	0
Fairly unimportant	0	0	0	0	0	0
Very unimportant	0	0	0	0	00	

	High		Basic		Low	
	M	W	M	W	M	W
81. Do You regard Yourself useful?						
Very much	0	3	2	3	1	1
Not so much	3	2	1	5	0	1
Neither/nor	1	0	1	1	0	1
Rather little	1	2	3	1	0	3
Very little	0	0	0	1	1	1
82. Did You regard Yourself useful?						
Very much	2	3	3	9	2	3
Not so much	2	3	2	1	0	3
Neither/nor	1	0	0	0	0	0
Rather little	0		2	1	0	1
Very little	0	0	0	0	0	0
83. Do You think it is important to feel useful?						
Very important4	6	5	11	2	5	
Fairly important	0	1	2	0	0	2
Neither/nor	1	0	0	0	0	0
Fairly unimportant	0	0	0	0	0	0
Very unimportant	0	0	0	0	0	0

APPENDIX 5

CORRESPONDENCE BETWEEN THE INTERVIEWS

The actual interview work in this study was performed by two people dividing the work between them as described in chapter 5 above. In the tables below their respective data sets are denoted "S" and "L" re-spectively.

It is important to check the correspondence between them. Under ideal conditions, meaning identical interview conditions or, better, question-

naires that are insensitive to the interview conditions, all response alternatives would have the same frequencies in the two sets.

The degree of correspondence between data from the two sets can be estimated by a procedure where You systematically choose the lower response frequency of the two for each of the response alterna-tives. This would correspond to the number of people giving the same answer to both interviewers in the hypothetical situation that both of them had interviewed the same people and not two separate groups. Naturally, summation of these frequencies over all response alternatives for a particular question would yield 100% under ideal conditions but in reality the figure will be lower and indicates a kind of reliability of the measurement.

This procedure has been applied to the questions associated with randomly chosen variables among the data displayed in appendix 4, and the values are found in the tables below.

Preconditions

7 Can You walk to the shopping centre?

	Yes	No	Total
S	16*73%	6*27%	22*100%
L	16*94%	1*6%	17*100%
*	73%	+6%	= 79% corresp.

17Where did You grow up?

	In the country	In a small town	In a big town	Total
S	10*45%	4*18%	8*36%	22*100%
L	8*47%	0*0%	9*53%	17*100%
*	45%	0%	36% = 81% corresp.	

25 Are You using any hearing aids?

	Yes	No	Total
S	3*14%	19*86%	22*100%
L	2*12%	15*88%	17*100%
*	12% =	+86%	= 98 %c orresp.

34 Do You remember what happened a long time ago, e.g. in Your childhood?

	Yes	No	Total
S	22*100%	0*0%	22*100%
L	16*94%	1*6%	17*100%
*	94%	+0%	= 94% corresp.

42 Are Your prayers answered?

	Yes	Partly	No	Total
S	9*41%	4*18%	9*41%	22*100%
L	8*47%	2*12%	7*41%	17*100%

*	41%	+ 12%	+ 41% = 94% corresp.

44 Do You discuss death with somebody?

	Yes	No	Total
S	8*36%	14*64%	22*100%
L	9*53%	8*47%	17*100%
*	36%	+ 47%	= 83% corresp.

51 Have Your activities changed lately?

	Yes	No	Total
S	11*50%	11*50%	22*100%
L	5*29%	12*71%	17*100%
*	29%	+ 50%	= 79% corresp.

Quantity in relations

1. Contact with children

1.1 Do You have any children

	Yes	No	Total
S	20*91%	2*9%	22*100%
L	12*71%	5*29%	17*100%
*	71%	+ 9%	= 80% corresp.

1.5 Do You desire more contact with them?

	Yes	No	Total
S	5*25%	15*75%	20*100%
L	2*17%	10*83%	12*100%
*	17%	+ 75%	= 92% corresp.

2. Contact with siblings

2.1 Do You have any siblings?

	Yes	No	Total
S	18*82%	4*18%	22*100%
L	14*82%	3*18%	17*100%
*	82%	+ 18%	=100% corresp.

2.7 Do You desire more contact with them?

	Yes	No	Total
S	2*11%	16*89%	18*100%
L	1*7%	13*93%	14*100%
*	7%	+ 89%	= 96% corresp.

6. Contact with neighbours

6.4 Do You desire more contact with Your neighbours?

	Yes	No	Total
S	5*23%	17*77%	22*100%
L	2*12%	15*88%	17*100%
*	12%	+ 77%	= 89% corresp.

Quality in relations

1. Openness

1.1 Do You have anyone to be open with?

	Yes	No	Total
S	19*86%	3*14%	22*100%

L	17*100%	0*0%	17*100%
*	86%	+0%	= 86% corresp.

3. Mutuality

3.1 Do You have someone with whom You can exchange help?

	Yes	No	Total
S	20*91%	2*9%	22*100%
L	15*88%	2*12%	17*100%
*	88%	+9%	= 97% corresp.

4. Continuity

4.1 Do You have a long lasting relation to someone outside the family?

	Yes	No	Total
S	13*59%	9*41%	22*100%
L	12*71%	5*29%	17*100%
*	59%	+29%	= 88% corresp.

Self-Conception

9 In relation to Your age, do You feel

	much younger	somewhat younger	about my age	somewhat older	much older	Total
S	5*23%	12*55%	2*9%	3*14%	0*0%	22*100%
L	3*18%	8*47%	5*29%	1*6%	0*0%	17*100%
*	18%	+47%	+9%	+6%	+0%	= 80% corresp.

10 In relation to Your age at the time, did You feel

	much younger	somewhat younger	about my age	somewhat older	much older	Total
S		6*27%	11*50%	2*9%		2*9% 1*5% 22*100%
L	4*24%	7*41%	6*35%	0*0%	0*0%	17*100%
*	24%	+41%	+9%	+0%	+0%	= 74% corresp.

11 Do You think it is important to feel young?

	Very important	Fairly important	Neither/ Nor	Fairly unimportant	Very unimportant	Total
S	16*73%	3*14%	0*0%	2*9%	1*5%	22*100%
L	11*65%	2*12%	4*24%	0*0%	0*0%	17*100%
*	65%	+12%	+0%	+0%	+0%	= 77% corresp.

15 Do You regard Your contacts with Your relatives as

	very good	fairly good	neither/ nor	fairly bad	very bad	Total
S	8*44%	6*33%	1*6%	2*11%	1*6%	18*100%
L	6*50%	4*33%	0*0%	2*17%	0*0%	12*100%
*	44%	+33%	+0%	+11%	0%	= 88% corresp.

16 Did You regard Your contacts with Your relatives as

	very good	fairly good	neither/ nor	fairly bad	very bad	Total
S	9*47%	6*32%	1*5%	3*16%	0*0%	19*100%
L	6*50%	4*33%	1*8%	1*8%	0*0%	12*100%
*	47% +	32%	+5% +	8%	+0%	= 92% corresp.

17 Do You think it is important to have good contacts with Your relatives?

	Very important	Fairly important	Neither/ Nor	Fairly unimportant	Very unimportant	Total
S	8*36%	7*32%	0*0%	3*14%	1*5%	19*100%
L	8*47%	2*12%	2*12%	0*0%	0*0%	12*100%
*	36%	+ 12%	+0%	+0% +	0%	= 48% corresp.

39 Do You regard retirement as

	Very welcome	Fairly welcome	Neither/ Nor	Fairly unwelcome	Very unwelcome	Total
S	11*50%	3*14%	0*0%	2*9%	6*27%	22*100%
L	3*20%	6*40%	2*13%	2*13%	2*13%	15*100%
*	20%	+ 14%	+0% +	9% +	13%	= 56% corresp.

40 Did You regard retirement as

	Very welcome	Fairly welcome	Neither/ Nor	Fairly unwelcome	Very unwelcome	Total
S	7*33%	1*5%	1*5%	3*14%	9*43%	21*100%
L	3*20%	4*27%	2*13%	4*27%	2*13%	15*100%
*	20%	+ 5%	+ 5%	14%	+ 13%	= 57% corresp.

41 Do You consider it important to feel that retirement is welcome?

	Very important	Fairly important	Neither/ Nor	Fairly unimportant	Very unimportant	Total
S	17*77%	1*5%	0*0%	2*9%	2*9%	22*100%
L	6*40%	6*40%	3*20%	0*0%	0*0%	15*100%
*	40%	+ 5%	+0%	+0%	+0%	= 45% corresp

63 Do You regard Your education as

	quite sufficient	almost sufficent	Neither/ Nor	rather insufficent	very insufficen	Total
S	3*14%	6*27%	0*0%	8*36%	5*23%	22*100%
L	2*13%	4*25%	0*0%	6*38%	4*25%	16*100%
*	13%	+ 25%	+0%	+36% +	23%	= 97% corresp.

64 Did You regard Your education as

	quite sufficient	almost sufficent	Neither/ Nor	rather insufficent	very insufficen	Total
S	2*9%	4*18%	0*0%	11*50%	5*23%	22*100%
L	3*19%	4*25%	0*0%	7*44%	2*13%	16*100%
*	9%	+18%	+0%	+44% +	13%	=84% corresp.

65 Do You think it is important to have a good education?

	Very important	Fairly important	Neither/ Nor	Fairly unimportan t	Very unimportan t	Total
S	21*95%	1*5%	0*%	0*0%	0*0%	22*100%
L	14*88%	2*13%	0*0%	0*0%	0*0%	16*100%
*	88%	+5%	+0%	+0% +	0%	=93% corresp.

81 Do You regard Yourself useful?

	Very much	not so much	Neither/ Nor	rather little	Very little	Total
S	9*41%	6*27%	2*9%	5*23%	0*0%	22*100%
L	1*6%	6*35%	2*12%	5*29%	3*18%	17*100%
*	6%	+27%	+9%	+23% +	0%	=65% corresp.

82 Did You regard Yourself useful?

	Very much	not so much	Neither/ Nor	rather little	Very little	Total
S	12*55%	7*32%	0*0%	3*14%	0*0%	22*100%
L	10*59%	4*24%	1*6%	2*12%	0*0%	17*100%
*	55%	+24%	+0%	+12% +	0%	=91% corresp.

83 Do You think it is important to feel useful?

	Very important	Fairly important	Neither/ Nor	Fairly unimportan t	Very unimportan t	Total
S	20*91%	2*9%	0*0%	0*0%	0*0%	22*100%
L	13*76%	3*18%	1*6%	0*0%	0*0%	17*100%
*	76%	+9%	+0%	+0%	+0%	=85% corresp.

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